



PATIENT

Finn Gayman

SPECIES

Canine

BREED

West Highland Terrier
Mix

SEX

MN

AGE

12yr

WEIGHT

6.76kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Logan Law

INVOICE

24241

DATE

03/19/2026

PRESENTING CLINICAL SIGNS

- Vomiting and diarrhea started last Wednesday 3/11. He is known for having a sensitive stomach and is on a Gastro diet. Owner gave him his housemates Purina canned food 2 weeks ago when she ran out of his food. Was eating and drinking normally with a bland diet (started Friday) until this morning he wouldn't eat. Acting normal otherwise. radiographs concern for cranial abdominal mass. rx'd metronidazole and proviable.
- 3/18: P has not had any vomiting since seen on 3/15. P has a good appetite. P had a soft mostly normal BM this morning.
- concern for cranial abdomen mass, gastroenteritis, dietary change, other
- Abnormal PE/Chem/CBC/UA Results: PE: alopecia; slight tense in abdomen; anxiety 3/15: CBC - WNL; Blood gas - WNL; Chemistry - ALT - 305 (0-120), ALP 188 (0-140); CPL - Normal (no pancreatitis) radiographs: concern for mass in cranial abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.7 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild slightly nodular parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.77 cm width. The right adrenal gland measured 0.84 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, echogenic nodules were present throughout the perihilar. An example measured 1.5 cm in diameter. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a



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mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

MN

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly
- Mild gallbladder debris (non-mucocele)
- Benign splenic nodules - consistent with benign myelolipomas
- Sonographically unremarkable gastrointestinal tract/ area of pancreas
- Mild chronic renal changes exhibiting mild medullary mineral
- Mildly enlarged non-homogenous adrenal glands

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal mass with hepatomegaly potentially mimicking radiographic mass effect. Full adrenal workup indicated if clinical signs consistent with Cushing syndrome are present. The hepatopathy is most consistent with benign criteria with considerations including metabolic, vacuolar, inflammatory or cholestatic hepatopathy, or potential combination with occult hepatic neoplasia considered unlikely. Hepatosupportive medications may prove beneficial. Continued as needed gastrointestinal support is recommended.

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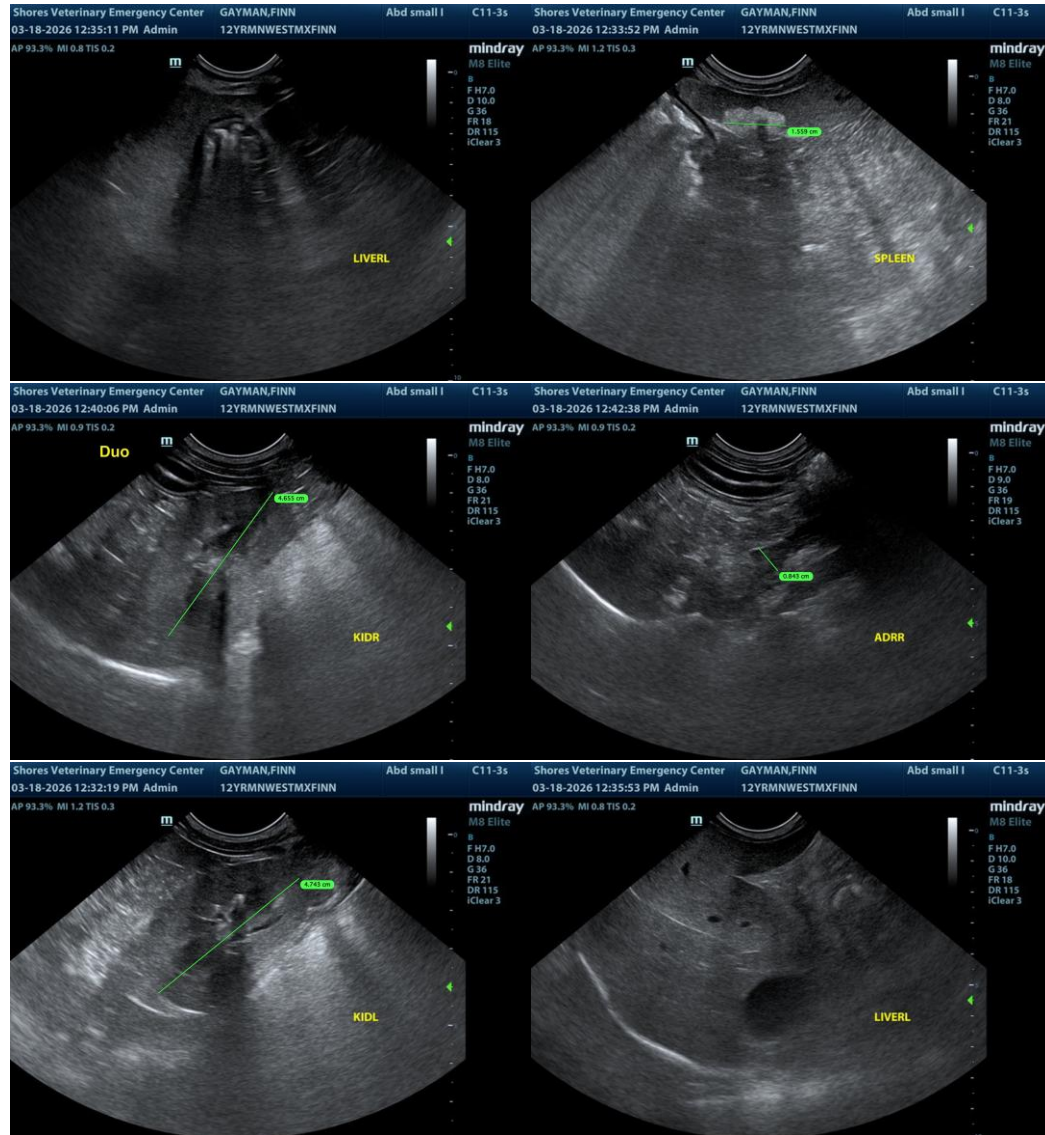
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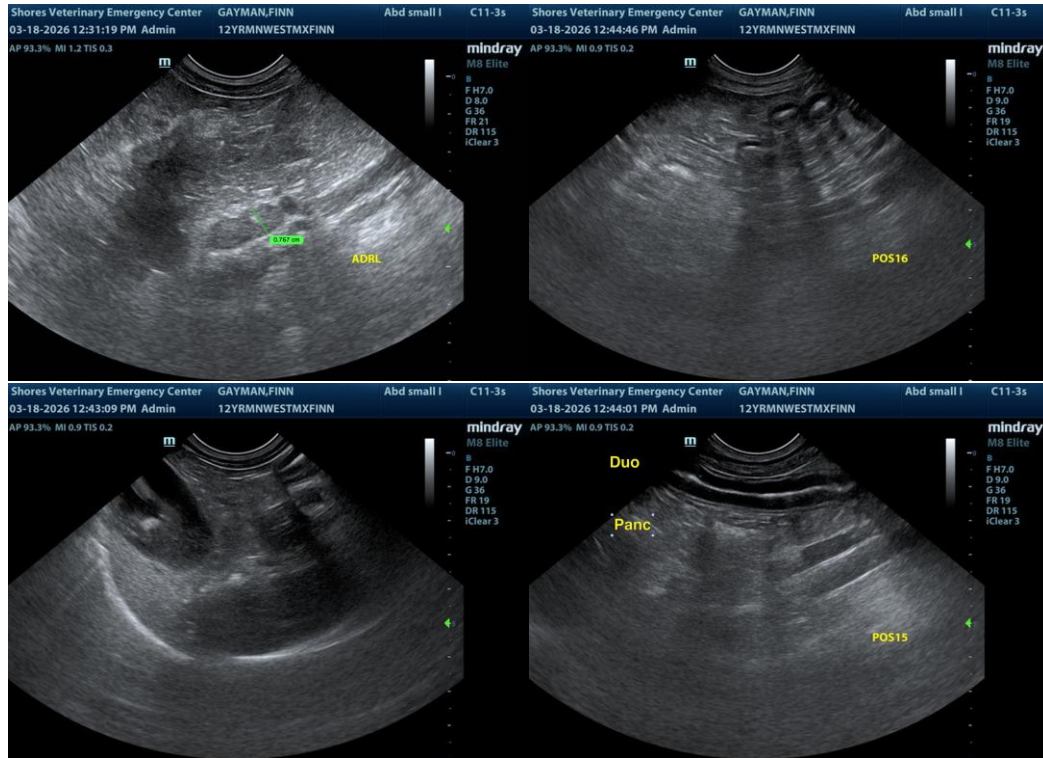
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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info@sonopath.com