



**PATIENT**

Baxter Rogers

**SPECIES**

Canine

**BREED**

West Highland  
White Terrier

**SEX**

MN

**AGE**

16 years

**WEIGHT**

17 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

A. Rodriguez

**INVOICE**

16321

**DATE**

3/9/23

**PRESENTING CLINICAL SIGNS**

anxious, ataxia, seizures

Abnormal PE/Chem/CBC/UA Results: ALT: 202, ALK: 1264

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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

The residual prostate was free of pathology.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.9 cm in length.

**Adrenal Glands**

The left adrenal gland was variably enlarged in size with capsule asymmetry exhibiting a nonhomogeneous discretely nodular parenchyma. No overt mineralization was noted. The left adrenal gland measured 3.2 cm length x 1.9 cm width at the caudal pole. The right adrenal gland was overtly normal in size, position, and shape exhibiting subtle parenchyma heterogeneity measuring 2.2 cm length x 0.53 cm width at the caudal pole.

**Spleen**

The spleen exhibited overall normal size with areas of lateral and medial capsule asymmetry. Generalized mild parenchyma heterogeneity including discrete to irregular mildly hyperechoic splenic nodules and focal, likely intraparenchymal, cysts were present in the medial parenchyma. The cysts appeared to be thinly walled containing minor anechoic fluid measuring 0.74 cm in diameter. Normal splenic vascularity was noted with no masses visible.

**Liver/ Gallbladder**

The liver exhibited generalized enlargement yet maintained a symmetrical capsule contour with mild to moderate nonhomogeneous parenchyma exhibiting intermittent, variably echogenic, variably sized intraparenchymal nodules. The nodules overall appeared to be nondisruptive with an example measuring 2.5 cm diameter. The gallbladder was mildly distended in size containing anechoic content with moderate nondependent to organized, mildly striated, hyperechoic gallbladder debris occupying the majority of the gallbladder lumen. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Baxter Rogers	The stomach presented intact wall layering with a normal wall layer ratio. Minor echogenic ingesta was present with no signs of obstruction or foreign material.
<b>SPECIES</b>	
Canine	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 ileus, obstruction, or foreign material.
<b>BREED</b>	
West Highland White Terrier	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
MN	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, consistent with age-related pancreatic changes. No signs of active inflammation or neoplasia.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
16 years	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
17 lbs.	<b><i>Primary Findings</i></b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Moderate chronic renal changes</li> <li>• Enlarged to irregular nonhomogeneous / nodular left adrenal gland - adenomatous change, benign hyperplasia, lipogranulomas, neoplasia i.e., pheochromocytoma or other, all potentials</li> <li>• Nonhomogeneous / nodular hepatomegaly - vacuolar hepatopathy, inflammatory disease, hyperplasia, hematopoiesis, fibrosis, intermittent lipogranulomas, neoplasia (thought less likely) all potentials</li> <li>• Gallbladder mucocele, subjectively noninflamed</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b><i>Secondary Findings</i></b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Benign splenic nodules (likely myelolipomas) along with focal, small intraparenchymal splenic cysts</li> </ul>
A. Rodriguez	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>HOSPITAL NAME</b>	Screening blood pressure to assess for evidence of hypertension which may allude to a left pheochromocytoma is recommended. Concern for potential emerging left adrenal neoplasia is warranted, although not definitive.
Foxfield VS	
<b>REFERRING VET</b>	Hepatic functionality may be considered adequate if normal BUN, glucose, cholesterol, and albumin levels are noted. Bile acid testing could be considered for further clarification, given the seizures. Hepatosupportive medications may prove beneficial.
A. Rodriguez	Sonographic reassessment of the gallbladder and left adrenal gland is likely ideal in 4 weeks, sooner if progressive neurological signs or evidence of cholestasis are noted.
<b>INVOICE</b>	
16321	
<b>DATE</b>	
3/9/23	



**PATIENT**

Baxter Rogers

**SPECIES**

Canine

**BREED**

West Highland  
White Terrier

**SEX**

MN

**AGE**

16 years

**WEIGHT**

17 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

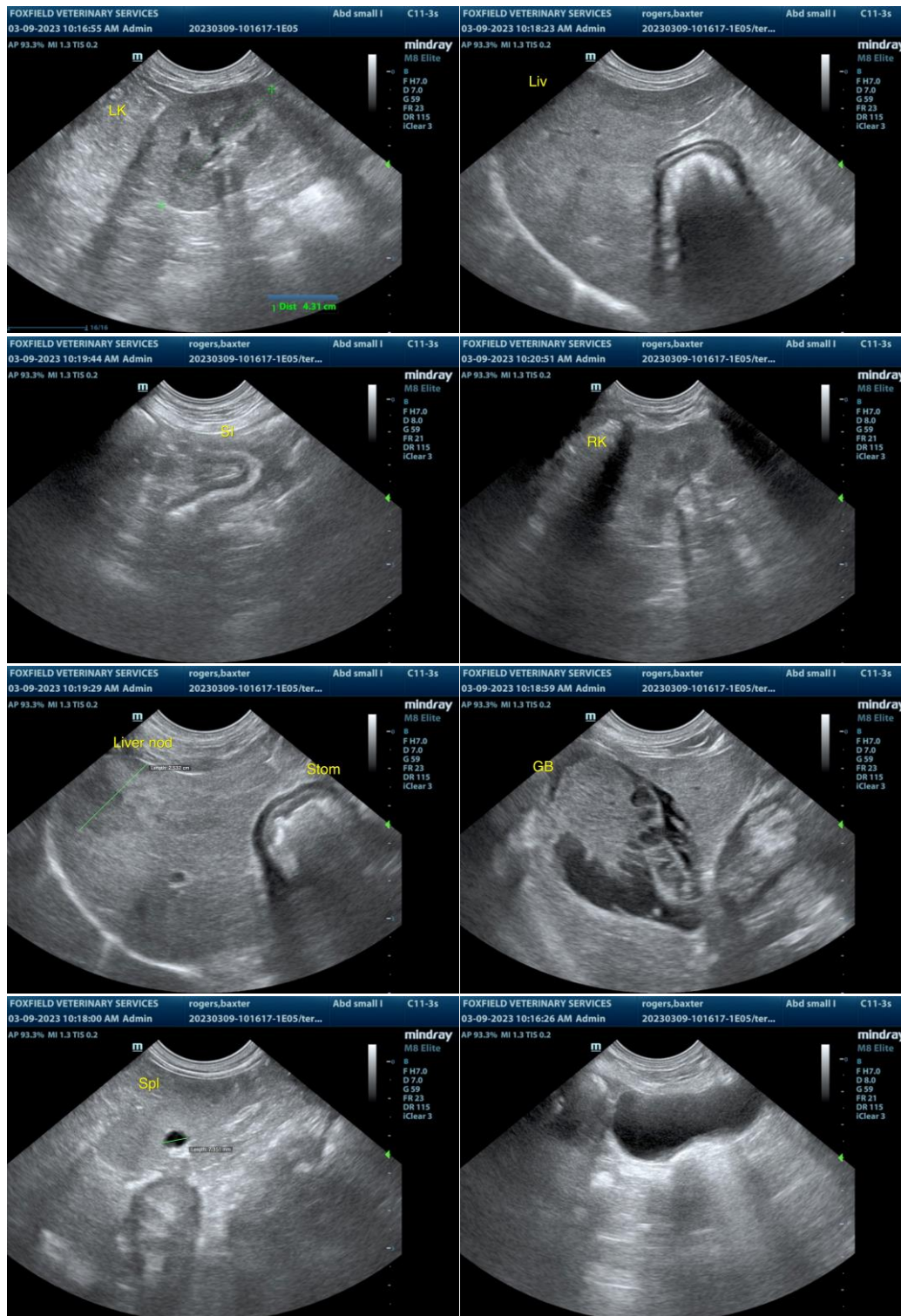
A. Rodriguez

**INVOICE**

16321

**DATE**

3/9/23





**PATIENT**

Baxter Rogers

**SPECIES**

Canine

**BREED**

West Highland  
White Terrier

**SEX**

MN

**AGE**

16 years

**WEIGHT**

17 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

A. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

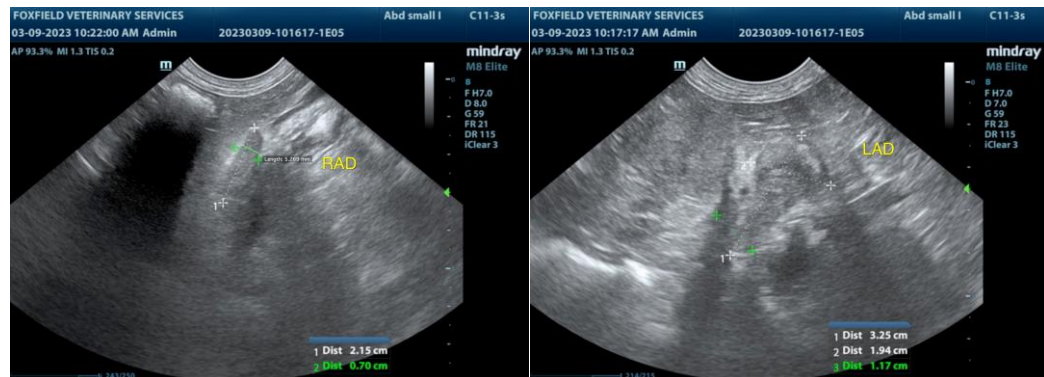
A. Rodriguez

**INVOICE**

16321

**DATE**

3/9/23



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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com