



**PATIENT**

Sasha McCarthy

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

FS

**AGE**

12y

**WEIGHT**

62.2 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

West Eugene AH

**REFERRING VET**

Dr. Powers

**INVOICE**

16584

**DATE**

4/12/23

**PRESENTING CLINICAL SIGNS**

4.5cm x 6.5cm x 2.7cm soft, somewhat fixed SQ mass over the cranial aspect of the right stifle first noticed 1 month ago and has been growing. Biopsy/histopath was consistent with a low grade mast cell tumor. No lameness or peripheral lymph node enlargement noted. No changes in appetite, drinking or energy level.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 6.8 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.72 cm width in the caudal pole. The right adrenal gland measured 0.85 cm width in the caudal pole. No adrenal tumors were noted.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma exhibited normal overall echogenicity with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal hepatic vascular volume was noted. A solitary, subtle, nonhomogeneous, nondisruptive, intraparenchymal nodule was noted mid-liver ventral to the gallbladder measuring 1.8 cm in diameter.



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The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized debris gallbladder debris. The cystic and common bile ducts were normal. No evidence of inflammatory criteria was noted.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta, sonographically consistent with food and likely post prandial presentation, without signs of 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 ileus, obstruction, or foreign material.

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

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**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 were evident.

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**Free Abdomen**

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes
- Sonographically normal spleen
- Mild hepatic parenchymal remodeling with nonspecific yet subjective benign subtle intraparenchymal nodule - suspect subtle area of hepatic hyperplasia, hematopoiesis, or similar
- Minor gallbladder debris (non-mucocele)

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely geriatric abdomen without evidence of significant visceral pathology, including no evidence of definitive primary or metastatic intrabdominal neoplasia. Sonographic monitoring of the liver nodule for evidence of progression would be reasonable. Screening splenic FNA cytology could be considered, assuming normal clotting status or if recommended by an Oncologist.

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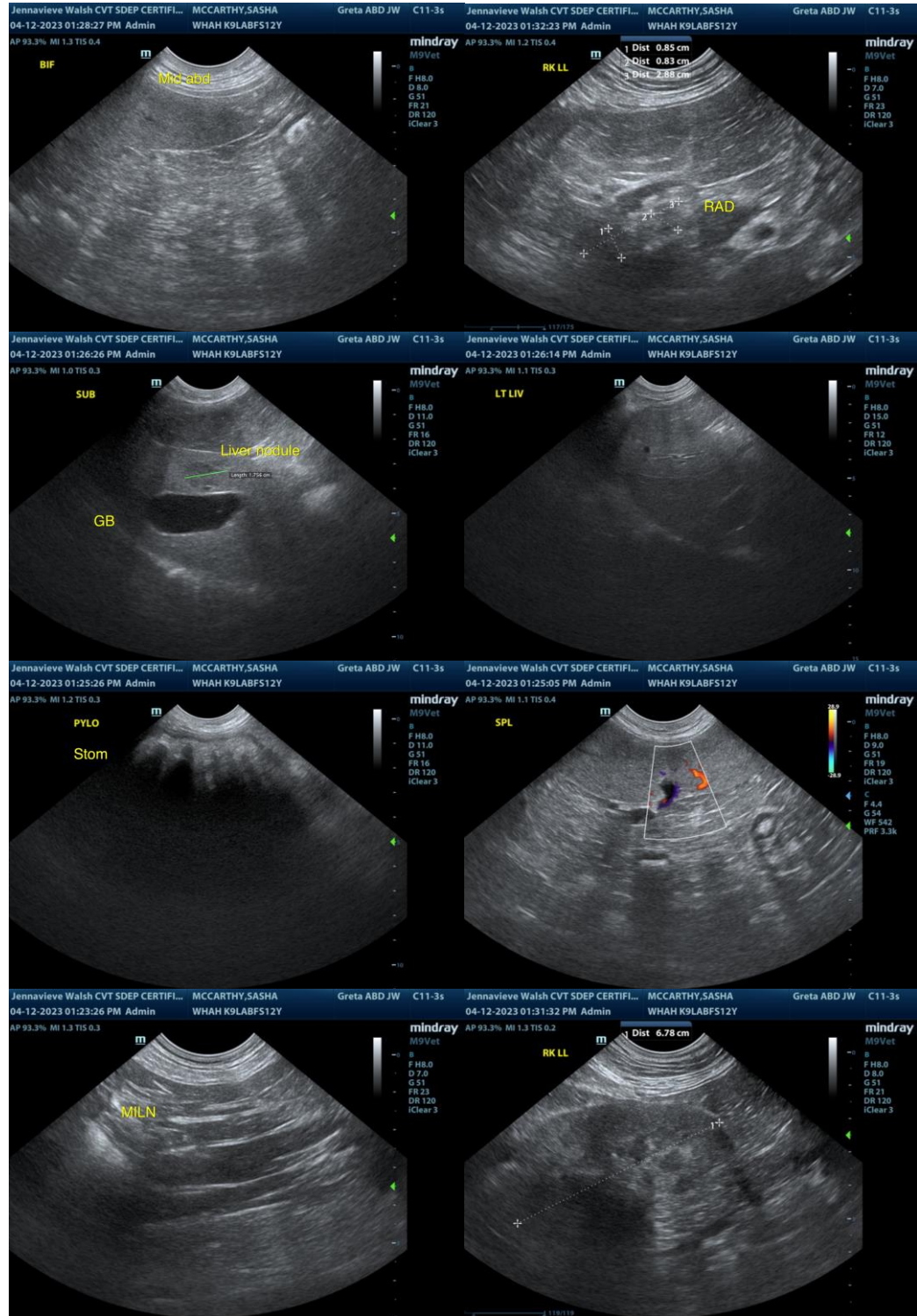
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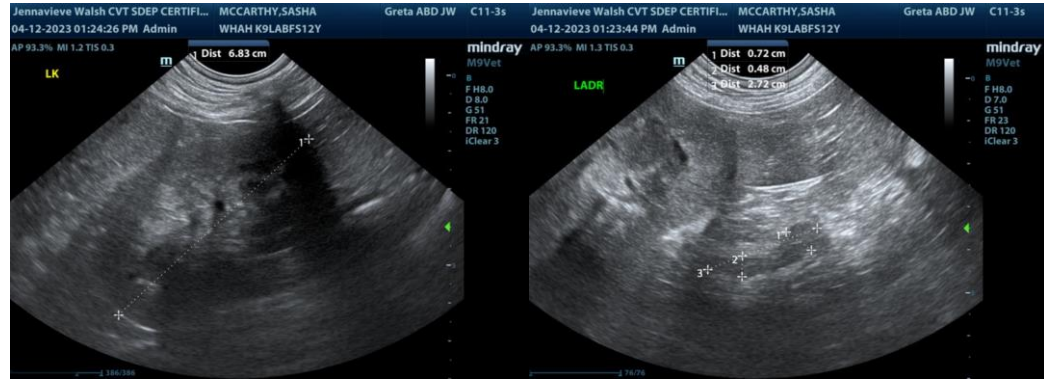
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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