

PATIENT

Gloria Graham

SPECIES

Canine

BREED

Kerry Blue Terrier

SEX

Spayed Female

AGE

10

WEIGHT

12.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Pamela Veldman

HOSPITAL NAME

Antler Hill Veterinary
Services

REFERRING VET

Dr. Andrew Ritson-
Bennett

INVOICE

15282

DATE

04/20/26

PRESENTING CLINICAL SIGNS

Lump present on chest at prosternum, firm and non-moveable. Aspirated blood and were able to drain 12ml of blood. DVM concerned about possible hemangioma/hemangiosarcoma. Owner did note that dog jumped off bed and landed splay legged "Bambi" style and seemed to be in pain, and is wondering if this could be swelling/hematoma from this injury. Wanted to assess for vascularity and potential invasion of nearby structures.

LIMITED ULTRASONOGRAPHIC EXAMINATION

A moderately sized mixed echogenic subcutaneous mass was present in the area of the prosternum measuring approximately 9.0 cm in diameter. The mass contained concurrent sectorial component. The fluid within the mass was mildly echogenic in appearance which may suggest some degree of fluid cellularity. The mass appeared to extend into the deep subcutaneous tissue to potential cranial thoracic wall. Definitive evidence of expansion through the thoracic wall was not obvious. Mild surrounding hyperechoic subcutaneous tissue was present. No evidence of concurrent subcutaneous effusion or overt significant cellulitis. Power doppler assessment of the mass revealed focal areas of subjective intra-mass blood flow.

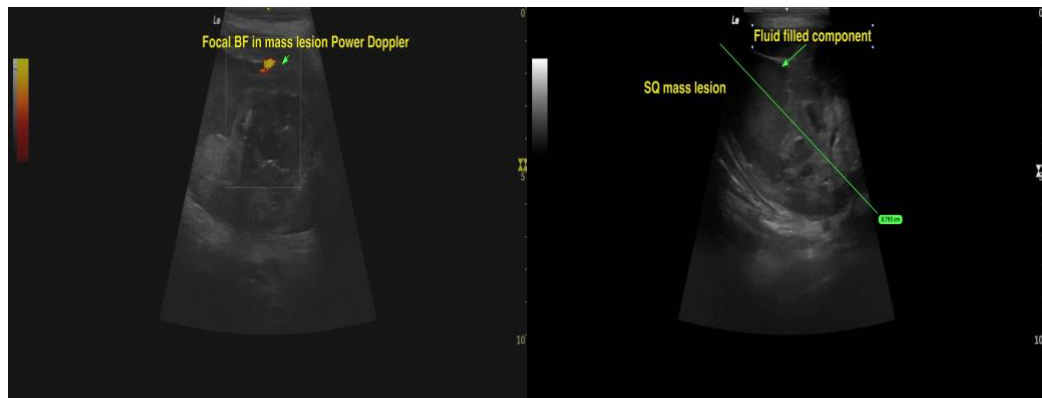
Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Mixed echogenic to partially fluid filled/cavitated subcutaneous mass in the area of the prosternum.
- Clean right auricle.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass did not have a typical appearance of a lipoma and without obvious evidence of associated cellulitis, abscess or unspecified necrosis is thought less likely. Ultrasound-guided FNA into a solid portion of the mass for cytology as well as collection of intra-mass fluid for cytopsin cytology for further clarification could be considered if unrewarding. Biopsy of the mass or consideration for resection of the mass for histopathology is recommended. Correlation with three view chest radiographs is indicated if not done.





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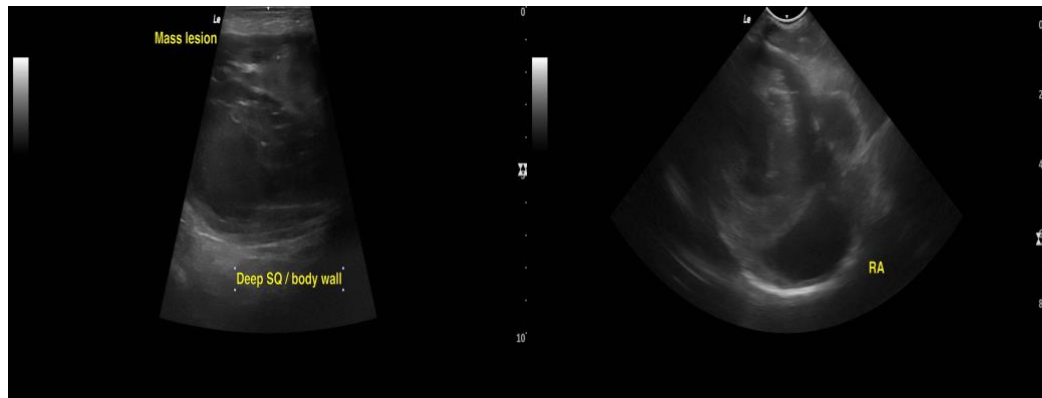
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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