



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Rocky Gorham	QAR TENSE ABDOMEN, UNCOMFORTABLE , NOT LAYING DOWN Abnormal PE/Chem/CBC/UA Results: CBC-NSF CHEMNSF T4-0.9 UA-SPG=1.024, 2+ PROTEIN, 3+ BILI, 3+ OCCULT BLOOD, RBC 4-10 Current Medications NONE Radiographic Findings SOFT TISSUE DENSITY IN LEFT MID ABDOMEN , CAUDAL TO SPLEEN
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
West Highland Towrier	<b>Urinary System</b>
<b>SEX</b>	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.
M/N	
<b>AGE</b>	The residual prostate was free of pathology.
11 years	There is no overt medial Iliac or sublumbar lymphadenopathy/masses.
<b>WEIGHT</b>	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. Both kidneys exhibited intact corticomedullary architecture with pinpoint medullary mineral. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.8 cm in length.
23.6 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 1.6 cm length x 0.77 cm width at the caudal pole. The right adrenal gland measured 2.1 cm length x 0.62 cm width at the caudal pole.
<b>IMAGING PERFORMED BY</b>	
Sara Hansen	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Edgewood AC	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.
<b>REFERRING VET</b>	
Dr. Callahan	
<b>INVOICE</b>	<b>Liver/ Gallbladder</b>
16535	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of
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<b>PATIENT</b>	congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized, mildly hyperechoic gallbladder debris. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.
Rocky Gorham	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	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.
<b>BREED</b>	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.
West Highland Terrier	
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
M/N	<b><i>Pancreas</i></b>
<b>AGE</b>	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.
11 years	
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
23.6 lbs.	Moderately sized, irregular, nonhomogeneous to nodular cavitated mass was present in the area of the lateral left kidney and medial to the caudal spleen. A definitive connection to the spleen or the left kidney was not obvious. The mass did not appear to be of left adrenal origin. Peripheral hyperechoic tissue surrounding the mass was noted with potential for scant pockets of peripheral free fluid. No overt evidence of significant peritoneal free fluid was present. No overt omental lymphadenopathy was noted.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Unspecified nonhomogeneous nodular to cavitated peritoneal or retroperitoneal mass adjacent to the lateral left kidney and subjective medial to the caudal spleen</li> <li>• Mild chronic renal changes, subjective intact left kidney architecture</li> <li>• Mild hepatic parenchymal remodeling</li> <li>• Gallbladder debris (non-mucocele)</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Sara Hansen	The confirmed mass in this study is of unclear origin yet strongly suggestive of neoplastic criteria. Primary concern for unspecified peritoneal / retroperitoneal sarcoma. Benign etiology is possible yet thought less likely.
<b>HOSPITAL NAME</b>	
Edgewood AC	
<b>REFERRING VET</b>	
Dr. Callahan	
<b>INVOICE</b>	
16535	If normal clotting status and using a 25-gauge needle, screening FNA cytology of the unspecified mass could be considered for possible further clarification and definitive diagnosis. Three-view chest radiographs are recommended. Assuming no pathology on three-view chest radiographs or if further clarification is elected, abdominal CT is recommended.
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**PATIENT**

Rocky Gorham

**SPECIES**

Canine

**BREED**

West Highland  
Terrier

**SEX**

M/N

**AGE**

11 years

**WEIGHT**

23.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Edgewood AC

**REFERRING VET**

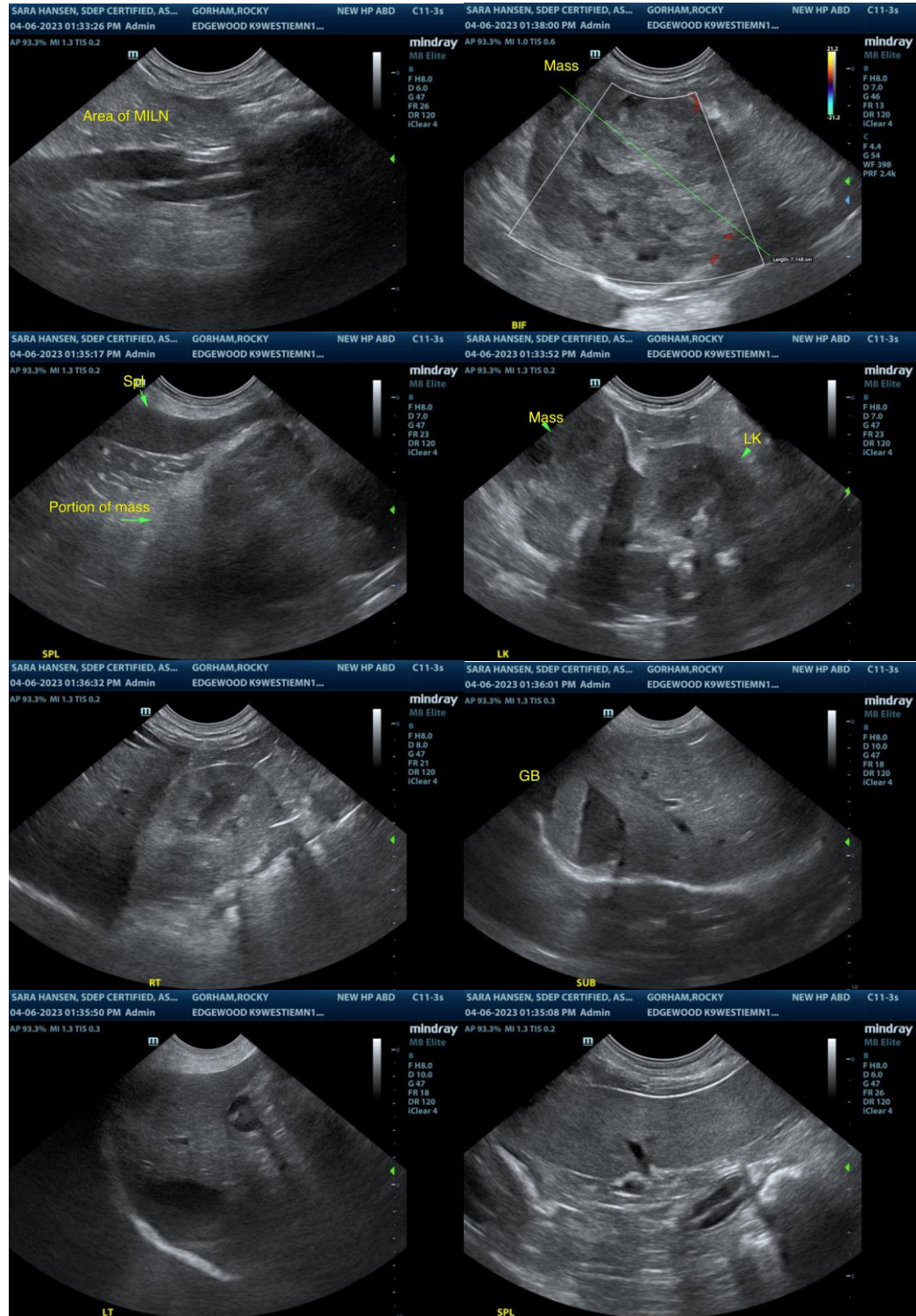
Dr. Callahan

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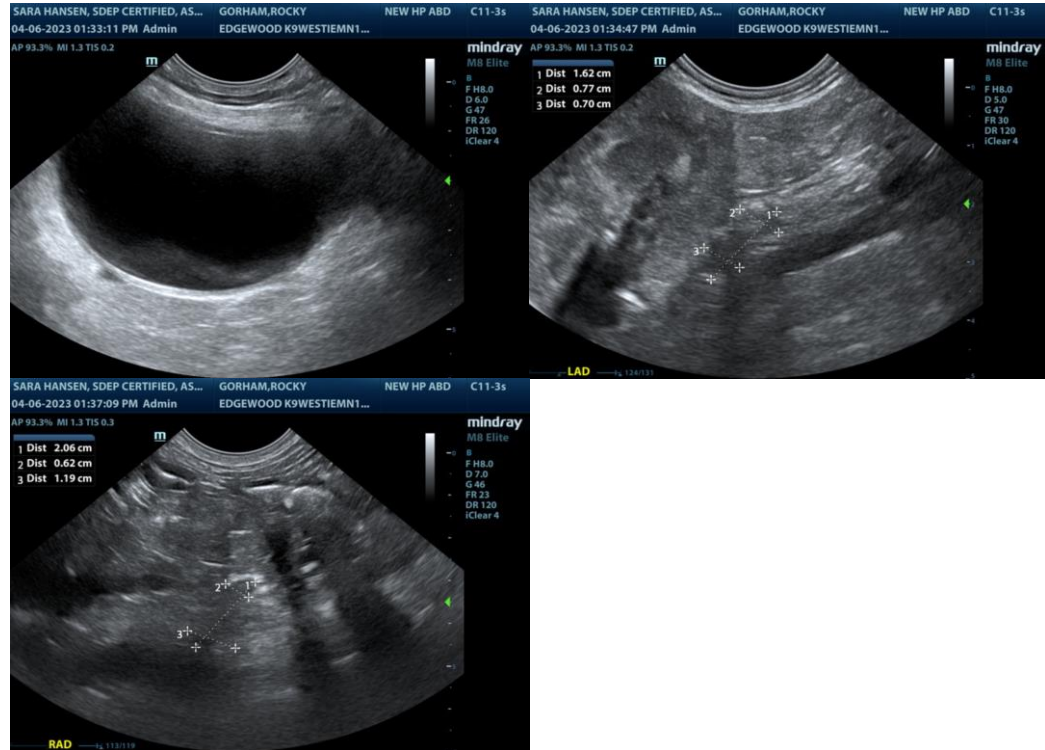
M/N

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11 years

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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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