

## PATIENT

Bucky Gant

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Male Neutered

## AGE

10y 2m

## WEIGHT

78.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brittany Beigel, DVM

## HOSPITAL NAME

Bayside Animal  
Medical Center

## REFERRING VET

Kathryn Buchanan,  
VMD

## INVOICE

13098

## DATE

1/20/26

## PRESENTING CLINICAL SIGNS

History: PE WNL, doing well at home, incidental finding of elevated LES on preop BW. surgery for lipoma postponed, denamarin pursued, and recheck BW showed improvement of ALT In normal range. Recheck after finishing denamarin 2 months ago and ALT now mildly elevated again, and ALKP is more elevated

Abnormal PE/Chem/CBC/UA Results: Attached

## 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 were noted.

No obvious pathology in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.5 cm in length. The right kidney measured 6.8 cm in length.

### Adrenal Glands

The left adrenal gland was asymmetrically enlarged in size with concurrent asymmetrical subjective left intact adrenal capsule contour. Non-homogeneous, indistinctly nodular, non-mineralized left adrenal parenchyma. The left adrenal gland measured 4.0 cm length x 2.0 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.71 cm width at the caudal pole.

### 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

The liver exhibited generalized hepatomegaly with a mid-liver asymmetrical to mixed echogenic mass measuring ~6-7 cm in diameter. Concurrent, intermittent separate, non-capsule deforming, non-homogenous, hypoechoic, hepatic nodules present with an example measuring 1-2 cm in diameter. The gallbladder was non distended in size with minor, non-organized, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.



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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.

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.

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

## 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.

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Liver mass with concurrent separate liver nodules
- Minor gallbladder debris
- Sonographically normal spleen
- Age-related kidneys
- Left adrenomegaly, normal right adrenal gland

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the left adrenal gland may include hyperplasia, functional vs non-functional adenomatous change or left adrenal tumor. The liver mass and nodules almost certainly are consistent with primary or metastatic neoplasia. Potential for primary liver mass, i.e. carcinoma and separate areas of hyperplasia or granulomas possible yet thought less likely. Further assessment may include, assuming normal clotting status liver mass FNA cytology. Adrenal screening or workup if clinical signs consistent with adrenal disease as well as monitoring of systemic BP for evidence of hypertension which may potentially allude to left pheochromocytoma. Assuming no pathology on 3-view chest radiographs, abdominal CT could be considered for further clarification, whereas continued hepato-supportive medications and sonographic monitoring would be more conservative.



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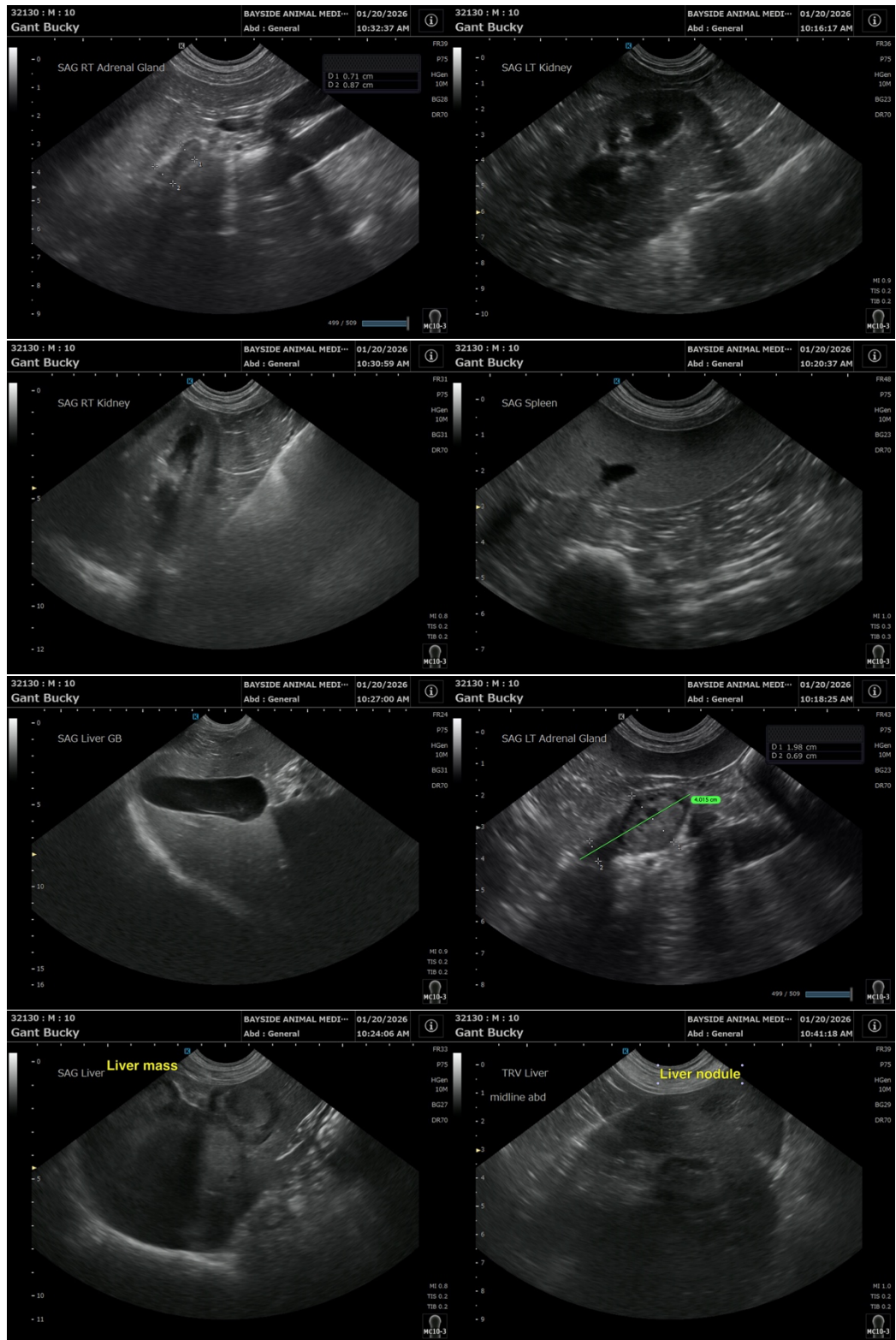
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)