



PATIENT

Remi Rafter

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male
(Recent)

AGE

9 Years

WEIGHT

83.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael
Wasserman

HOSPITAL NAME

Morningside Animal
Hospital

REFERRING VET

Dr. Lindahl

INVOICE

72052

DATE

1/8/26

PRESENTING CLINICAL SIGNS

Presented to Satellite Hospital (Ocean Breeze) for near 12/25 for annual. Detected palpable abdominal mass. Ultrasound performed indicating surgery. Splenectomy 1/2/26 performed as well as neuter.

Testicular mass detected by previous sonographer. Attached in files. Histopath on spleen pending, unknown if testicle submitted. Main complaint today, abdominal effort with breathing after giving medications, inappetence. Very unusual to owners. Panting heavily. Rimadyl 2.2mg/kg PO BID, Gabapentin, and Amoxicillin currently being administered.

Abnormal PE/Chem/CBC/UA Results: Total protein 8.2, globulin 4.9 on 12/31 preop bloodwork, CBC, Chem, UA llytes normal otherwise. Staples mid abdomen from explore, neuter incision site healing well. Slightly pale MM today. PCV today SPUN 37% TP 5.1

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.

The prostate was mildly enlarged in size (2.3 cm in diameter) with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.3 cm in length. The right kidney measured 7.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. Subjectively equivocal subnormal right adrenal size measuring 0.44 cm at the caudal pole. Maintained symmetrical adrenal capsule contour and homogeneous parenchyma.

Spleen

The spleen was not visualized owing to previous splenectomy.

Mild to irregularly enlarged hypoechoic omental nodule versus lymph node in the area of the previous spleen, measuring 3.4 cm x 1.9 cm.

Liver

The liver was subjectively mildly enlarged. Symmetrical contour was maintained. Non-homogeneous increased hepatic parenchyma echogenicity with focal to intermittent discrete hypoechoic



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intraparenchymal nodules noted. An example measured 1.2 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size. The gallbladder wall was thickened (0.80 cm) in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, hypoalbuminemia, right sided heart failure and anaphylaxis. No evidence of post-hepatic obstruction. Anechoic bile present.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate progressively shadowing ingesta most consistent with post prandial presentation without 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 right pancreas was prominent in size with capsule asymmetry and non-homogeneous hypoechoic parenchyma.

Free Abdomen

Mild volume peritoneal effusion and generalized non-homogeneous omental hyperechogenicity noted.

Rapid view of the heart revealed no overt pericardial effusion or cardiac tumors. Subjective normal right chamber dimension.

ULTRASONOGRAPHIC FINDINGS

- Mild volume peritoneal effusion and non-homogeneous hyperechoic omentum.
- Omental nodule versus lymph node in the area of the previous spleen.
- Prominent, non-homogeneous right pancreas.
- Mildly enlarged, non-homogeneous, subtly nodular liver.
- Edematous gallbladder.
- Normal gastrointestinal tract with gastric ingesta- probable food echogenicity.
- Persistent mild benign hyperplasia – consistent with continuing prostatic involution.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Peritoneal effusion analysis, cytology +/- culture and sensitivity as well as PCV/total solids to compare with peripheral PVC/total solids to assess for or rule out active intraabdominal bleed. High concern for metastatic disease within the omentum and liver indicated if hemangiosarcoma is confirmed.

Gallbladder wall edema may indicate decreased hydrostatic pressure, inflammation, or anaphylaxis. Pending additional diagnostics, gastrointestinal support +/- empirical therapy for anaphylaxis assuming normal albumin levels and without evidence of right cardiac disease or hepatic congestion would be reasonable. Extremely guarded prognosis.



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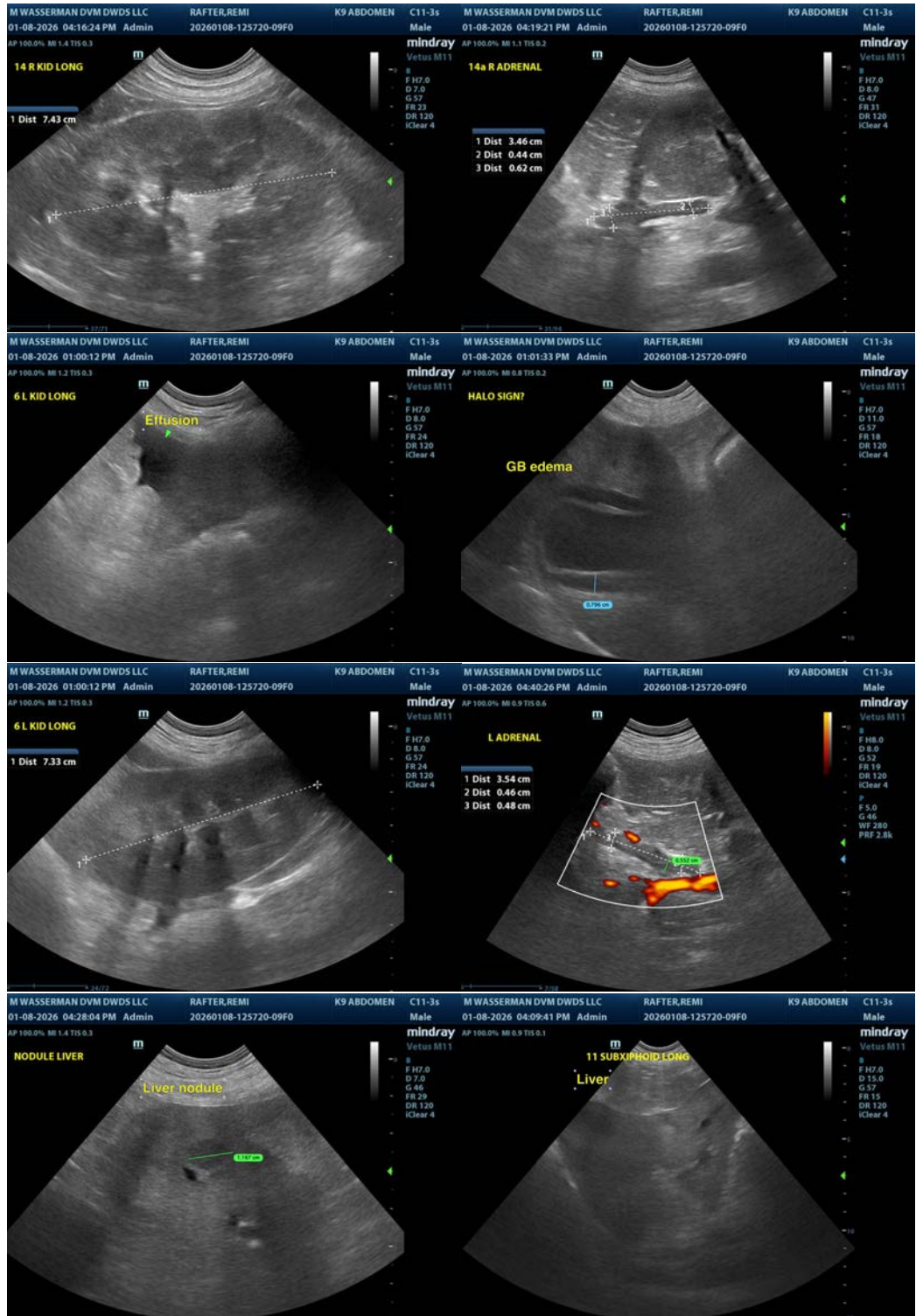
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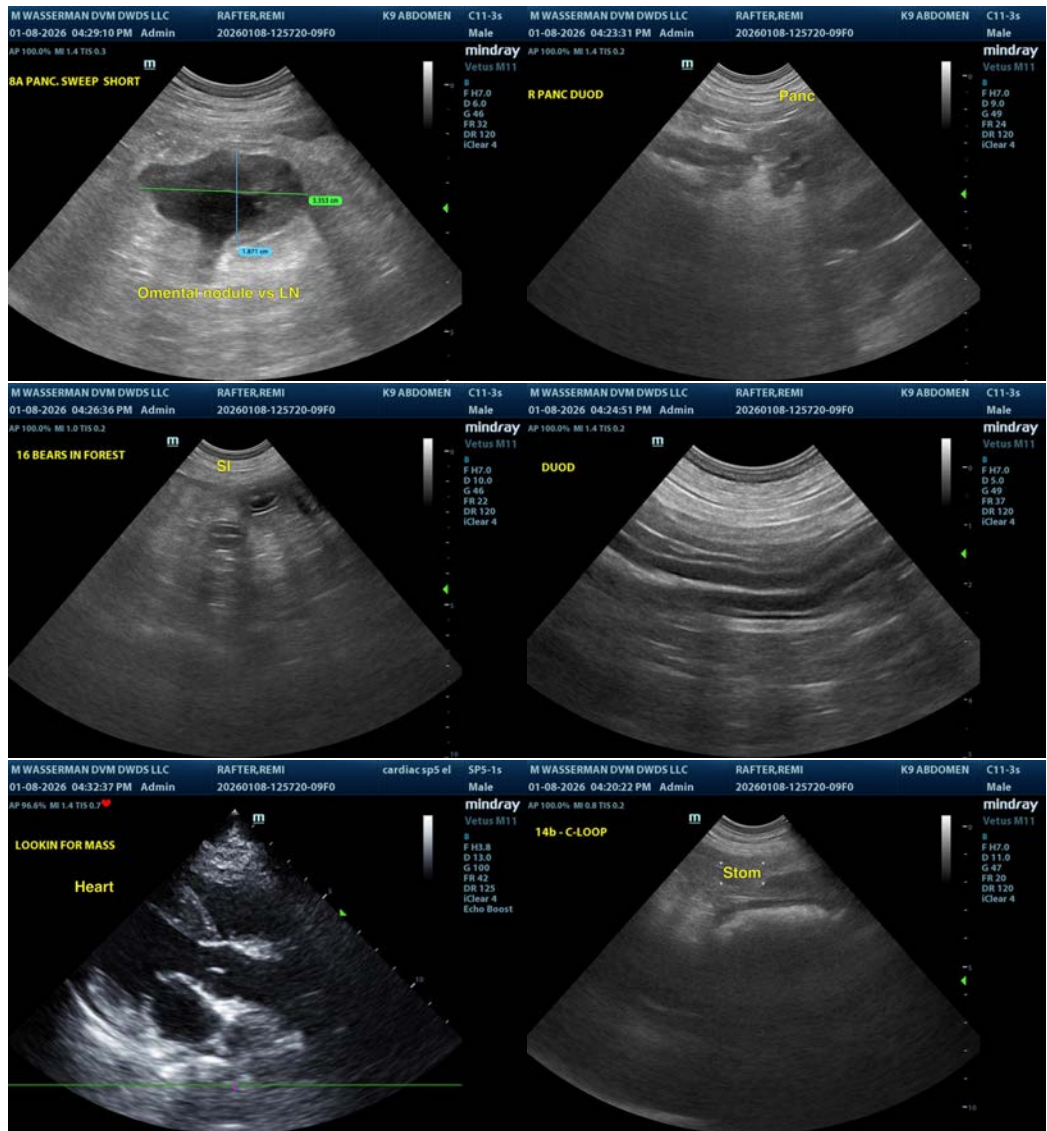
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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