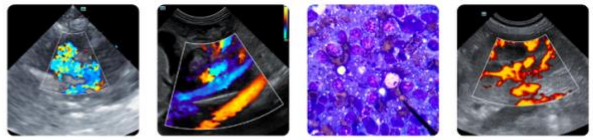


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Sunshine Waldbaum	Pet was here for tech appt for blood work monitoring for being on Carprofen for OA cranial organomegaly, dental disease, OA LH TPLO LH compartment syndrome (stifle POST OP TPLO) Mild CP deficits LH Fibrinolysis syndrome Dental disease Mass - resolved
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: MCH 21.5, Reticulocyte Hemoglobin 22.7, WBC 4.1, Neutrophils 2.665, Eosinophils 0.127, Total Protein 10.1, Albumin 1.9, Globulin 8.2, Albumin: Globulin Ratio 0.2
<b>BREED</b>	
Golden Retriever	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
Spayed Female	The urinary bladder, trigone and cystourethral junction 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 change were noted. The pelvic urethra was indistinctly visualized without overt pathology to a depth of 5.0 cm.
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
13 Years 9 Months	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 6.9 cm in length. The right kidney measured 7.4 cm in length.
<b>WEIGHT</b>	
73.5 pounds	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	The left adrenal gland was indistinctly visualized with no obvious pathology. The left adrenal gland subjectively measured 0.64 cm width at the caudal pole.
R. McKenzie Daniel, DVM, DABVP	The right adrenal gland was not definitively visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Striano-Kaplan	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.
<b>HOSPITAL NAME</b>	<b>Liver &amp; Gallbladder</b>
Ramsey Veterinary Hospital	The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>REFERRING VET</b>	The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.
Dr. Kaplan	
<b>INVOICE</b>	
13038	
<b>DATE</b>	
01/09/2026	



## PATIENT

Sunshine Waldbaum

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

13 Years 9 Months

## WEIGHT

73.5 pounds

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

## IMAGING PERFORMED BY

Dr. Striano-Kaplan

## HOSPITAL NAME

Ramsey Veterinary  
Hospital

## REFERRING VET

Dr. Kaplan

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## Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild to moderate strongly shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental empty intestinal segments with concurrent mild nonshadowing ingesta/chyme and mild segmental shadowing ingesta along with lumen gas to the level of the colon.

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.

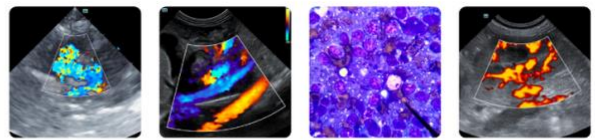
## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly.
- Nonorganized gallbladder debris (non-mucocele).
- Normal spleen.
- Age-related renal changes.
- Strongly shadowing gastric and segmental nonshadowing to shadowing intestinal ingesta.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal tumors or overt neoplastic criteria with benign hepatomegaly probable. Monitoring of hepatic enzymes with consideration for (assuming normal clotting status) screening hepatic FNA cytology for further clarification is recommended.

Hepatosupportive medications are suggested if arising hepatopathy or evidence of cholestasis. The strongly shadowing gastric and intestinal ingesta is nonspecific and may indicate dense gastrointestinal food echogenicity. Correlation with most recent meal ingestion is recommended. No evidence of gastrointestinal obstructive pattern. If reported fasted, documented 12-hour NPO and sonographic reassessment of gastrointestinal tract is recommended.



**PATIENT**

Sunshine Waldbaum

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

13 Years 9 Months

**WEIGHT**

73.5 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Dr. Striano-Kaplan

**HOSPITAL NAME**

Ramsey Veterinary  
Hospital

**REFERRING VET**

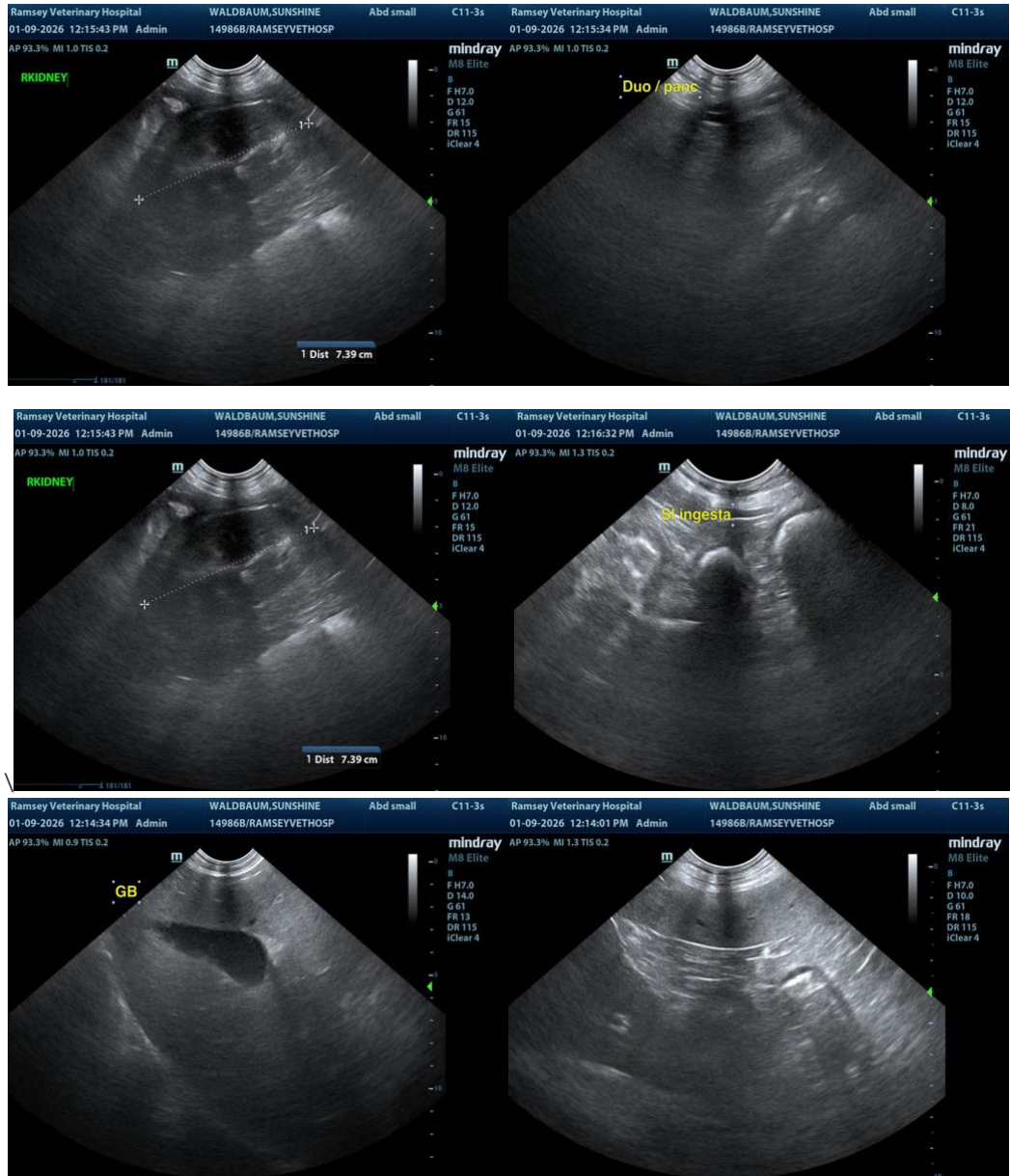
Dr. Kaplan

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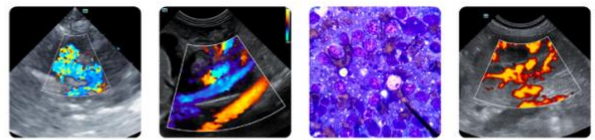
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**PATIENT**

Sunshine Waldbaum

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

13 Years 9 Months

**WEIGHT**

73.5 pounds

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP

**IMAGING PERFORMED BY**

Dr. Striano-Kaplan

**HOSPITAL NAME**

Ramsey Veterinary Hospital

**REFERRING VET**

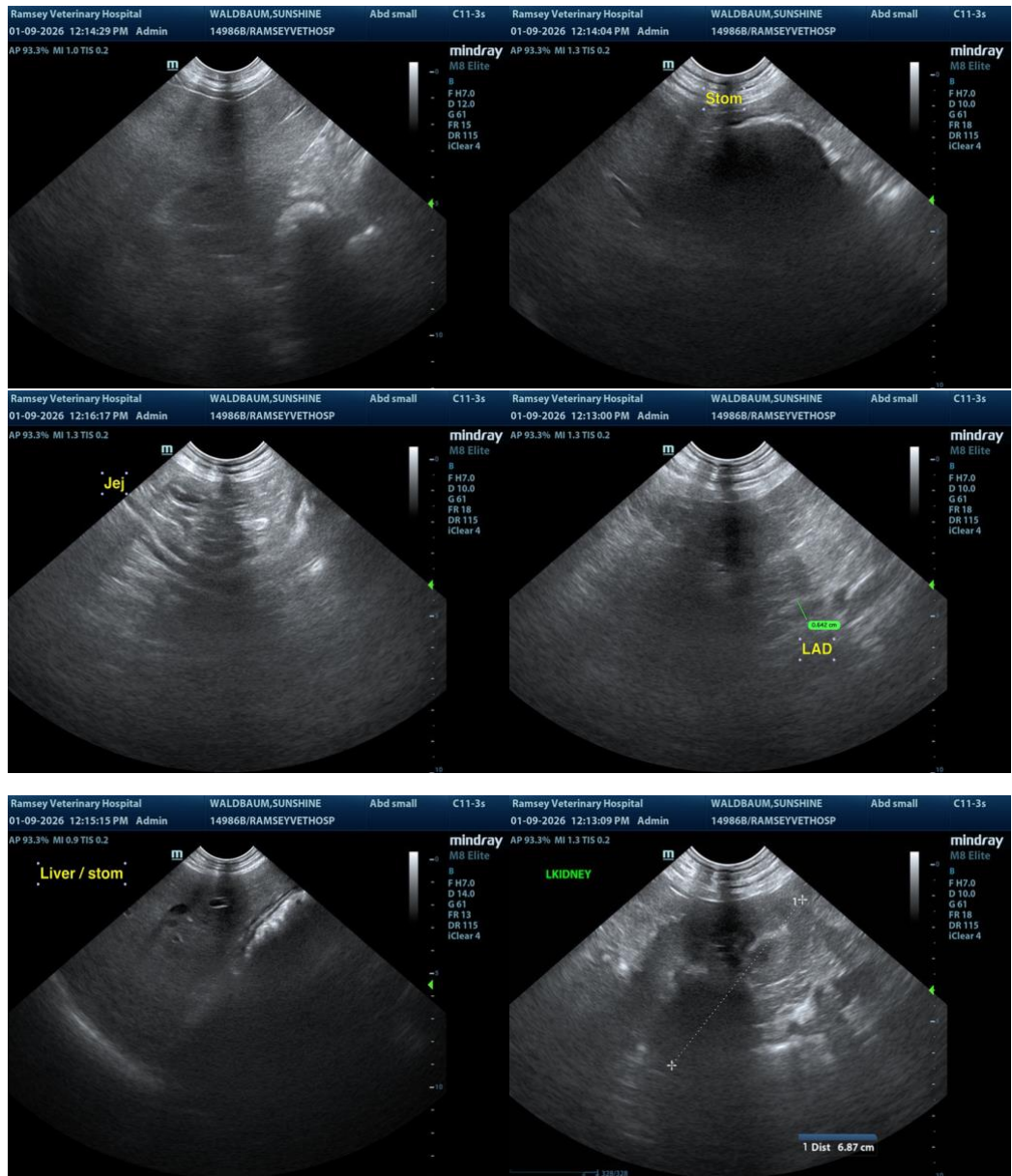
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**DATE**

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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)