



PATIENT

Chief O'Connell

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

2015

WEIGHT

97.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT,
ARDMS/RVT

HOSPITAL NAME

North Saucon Animal
Hospital

REFERRING VET

Dr. Harley

INVOICE

12086

DATE

11/04/25

PRESENTING CLINICAL SIGNS

Abdominal mass noted on routine exam

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 area of the residual prostate gland and proximal urethra was free of pathology.

Normal size and margination was 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 6.9 cm in length. The right kidney measured 7.2 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 0.62 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 0.38 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 visualized liver was sonographically normal.

The gallbladder was indistinctly visualized without overt evidence of gallbladder overdistention or pathology. The common bile duct was not visualized.

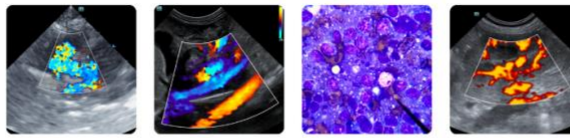
Gastrointestinal

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



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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.

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Free Abdomen

A caudal abdomen spherical hyperechoic to fluid filled mass was visualized which appeared to directly efface the cranial aspect of the urinary bladder. The fluid within the mass exhibited mild echogenic component. The mass measured approximately 9.0 cm in diameter. No overt visualized mid abdomen mesenteric lymphadenopathy or peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Caudal abdomen hyperechoic fluid filled mass- necrotic lipoma or granuloma, abscess, unspecified neoplasia are all primary considerations.
- Sonographically unremarkable urinary bladder and bilateral kidneys.
- Sonographically normal spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed caudal abdominal mass is nonspecific and did not overtly appear to originate from the caudal spleen. Potential effacement or adhesion to the cranial urinary bladder cannot be definitively excluded. Potential necrotic or abscess retained testicle is thought less likely unless history of cryptorchidism, however, no obvious visualized residual prostate pathology or hyperplasia. Assuming normal clotting status, FNA cytology of the mass as well as collection of fluid for fluid analysis cytology +/- culture and sensitivity could be considered. Assuming no pathology on three view chest radiographs, direct laparotomy with gross inspection of the mass (potential for resection) and/or biopsy is warranted.

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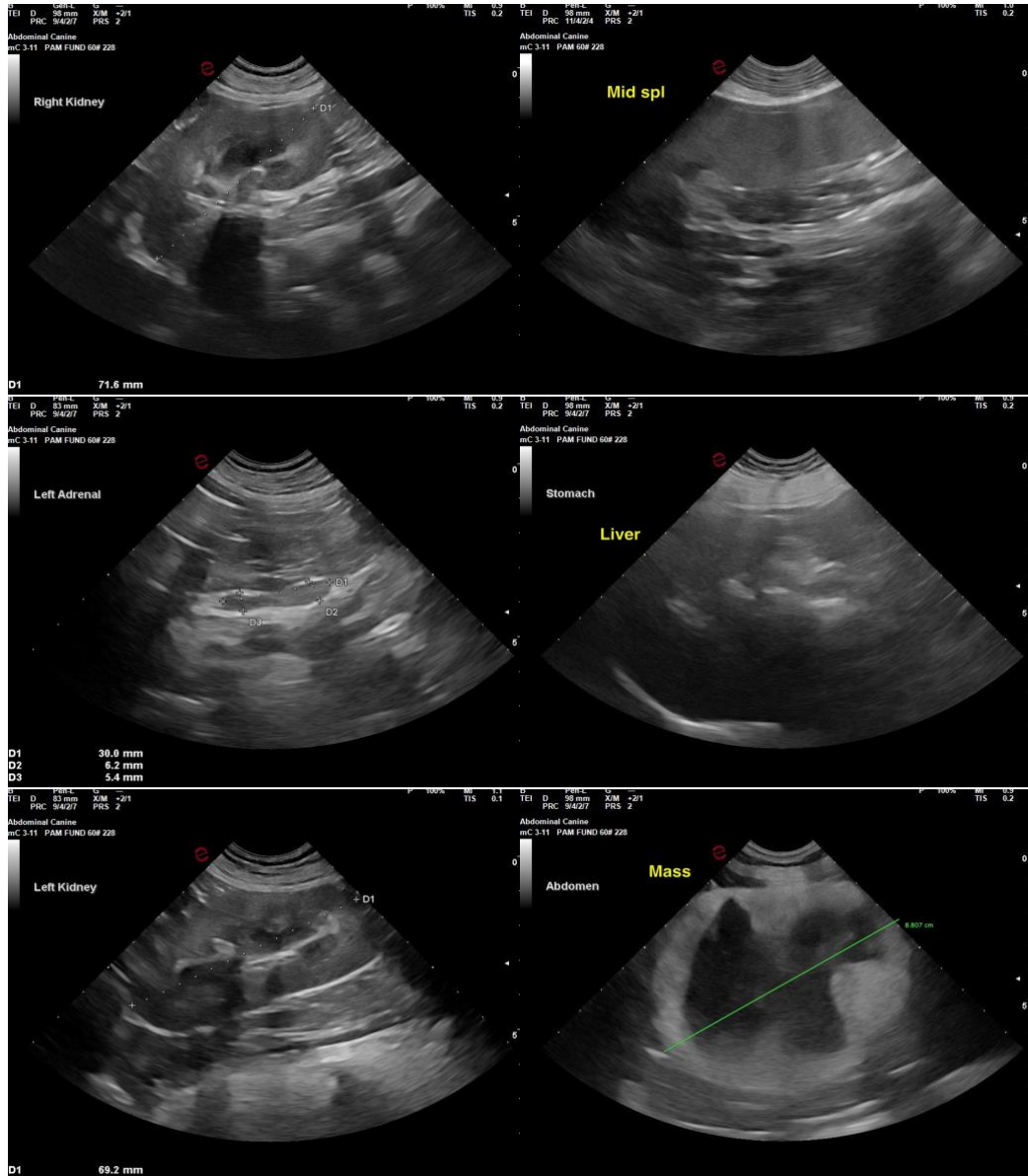
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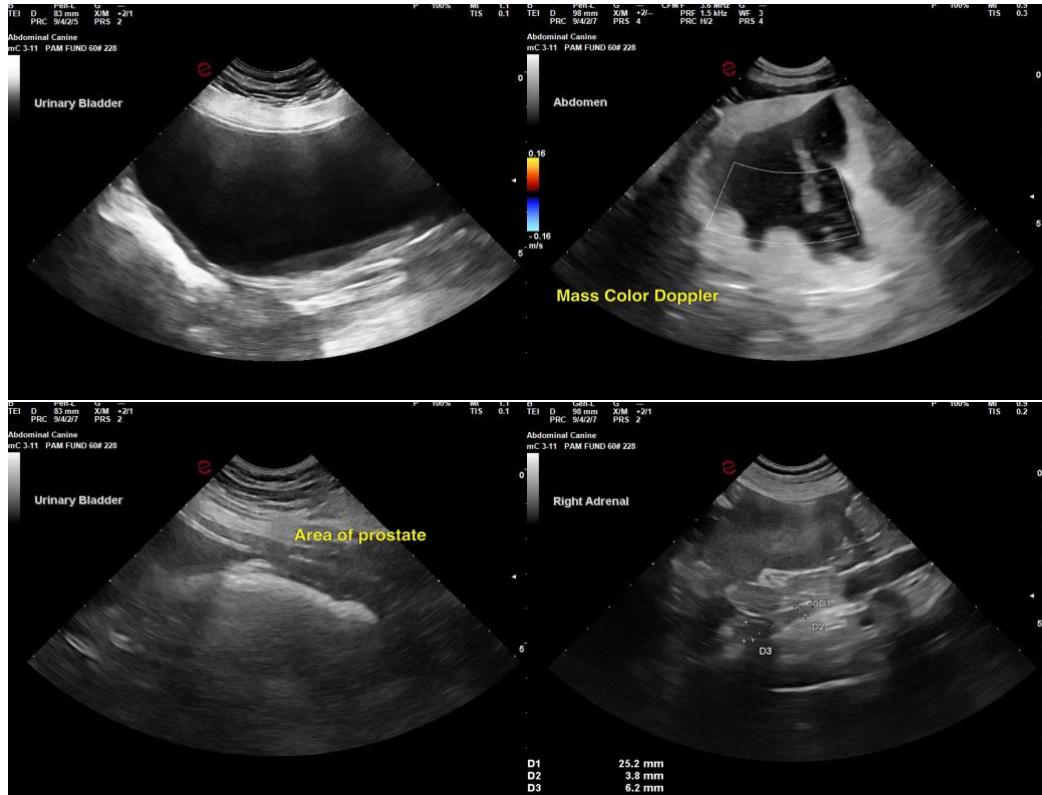
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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