



PATIENT

Yellow Guardiola

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

11 y

WEIGHT

84 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julissa Diaz, LVT

HOSPITAL NAME

Centro Veterinario del
Norte

REFERRING VET

Ileana Rivera, DVM

INVOICE

12976

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Patient presented for evaluation of the abdomen because owners noted it was distended. On PE, heart and lungs auscultated normal. On abdominal palpation, not painful but there's enlargement in the cranial abdomen. On palpation, fluid wave was detected. She was diagnosed with a small abdominal mass last year but at the time, the owner did not want to pursue additional diagnostics at the time. In radiographs, the cardiac silhouette is enlarged concerned about pericardial effusion vs. DCM. He also has enlargement of caudal vena cava. Fluid sample was taken for cytology. Concerned about neoplasia. Results of CBC were within normal limits and in chemistry, mild increase on ALP rest of values are within normal ranges.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 prostate gland.

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 6.7 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The left adrenal gland was mildly enlarged in size with symmetrical contour. Subtle caudal pole non-capsule deforming nodule was present measuring 0.8 cm in diameter. The left adrenal gland measured 1.1 cm width in the caudal pole. The right adrenal gland was indistinctly visualized with mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland subjectively measured 0.7 cm width in the caudal pole.

Spleen

The spleen exhibited generalized splenomegaly. A mildly expansive, non-homogeneous mass involving the spleen with secondary capsule expansion and disruption was present in the subjective mid to caudal spleen measuring 3.2 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic without areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver

The liver presented enlarged in size with symmetrical yet swollen contour. Generalized non-homogeneous parenchyma exhibiting variable coarse echotexture and normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the



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level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. Subtle, isoechoic to mildly hypoechoic, hepatic nodule was present in the ventral liver measuring 2.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder wall edema. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mildly thickened wall with prominent regal folds exhibiting intact to mild indistinct gastrointestinal detail. The stomach contained mild to moderate retained fluid.

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

Generalized omental hyperechogenicity and moderate volume peritoneal effusion present. Unspecified spherical to non-homogeneous mid abdomen mass vs moderate lymphadenopathy noted measuring 4.2 cm in diameter.

Heart

Brief subjective cardiac assessment revealed significant volume pericardial effusion with suspect cardiac tamponade. The right atrium auricle was indistinctly visualized exhibiting subjective mildly thickened right auricle.

ULTRASONOGRAPHIC FINDINGS

- Splenomegaly with splenic mass
- Congested hepatomegaly with subtle intraparenchymal nodule
- Pericardial effusion with probable cardiac tamponade and subjective thickened right auricle
- Peritoneal effusion
- Unspecified mid abdomen mass vs lymphadenopathy
- Mildly enlarged subtle nodular left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multicentric neoplasia is probable. A definitive right auricle mass was not obvious yet given pericardial effusion with concurrent splenic mass, cardiac metastasis is highly suspected. Correlation with peritoneal effusion analysis and consideration for pericardiocentesis with concurrent pericardial effusion analysis and alleviation of cardiac tamponade may be considered. Unfortunately, unfavorable prognosis.



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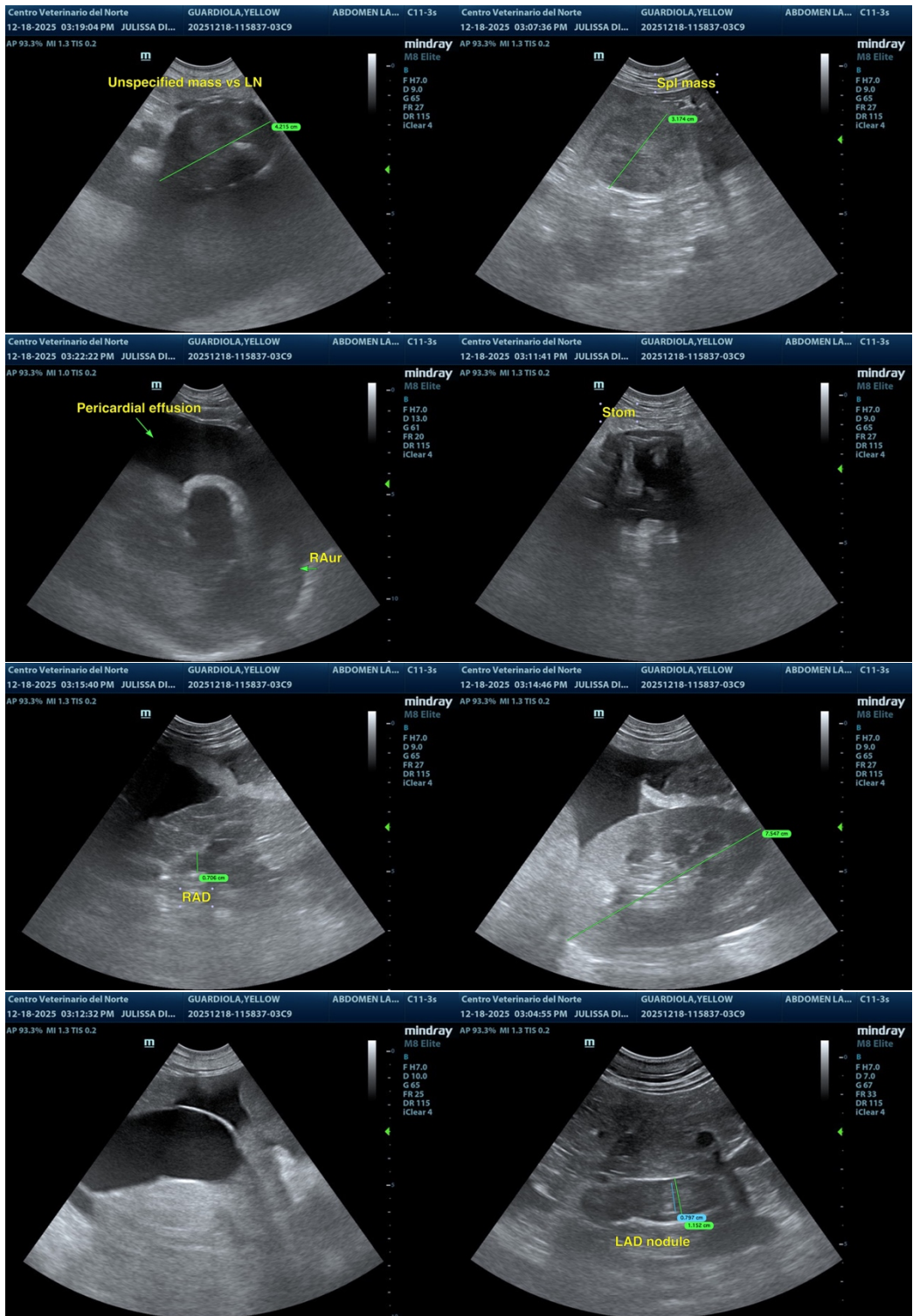
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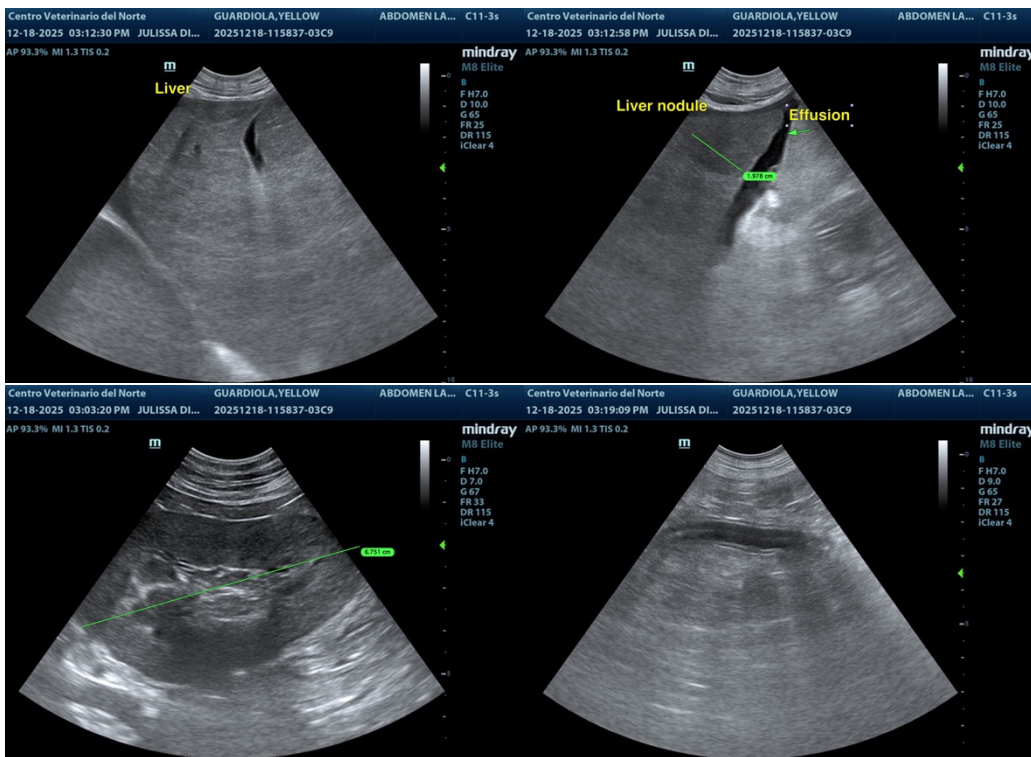
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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