



**PATIENT**

Papi Dalton

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

11 Years 10 Months

**WEIGHT**

63 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Ashley Whitesell

**HOSPITAL NAME**

Dickson Animal Clinic

**REFERRING VET**

Dr. Richard Hovis

**INVOICE**

12825

**DATE**

12/23/25

**PRESENTING CLINICAL SIGNS**

Fever of unknown origin. Responded to prednisone, enrofloxacin, and cefpodoxime. Worried about heart base tumor. Also worried about abdomen because there was vomiting. BW was unremarkable. Papi will have 300mg of Gabapentin and 150mg of Trazodone on board.

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN**

| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO (M-Mode) | LA/AO (Heart Base; Swe) | FS (%)               | EF (%)                                   | EPSS (cm)                                |
|---------------------------|---------------|---------------|----------------|-------------------------|----------------------|--|--|
| NORMAL PARAMETER          | 4.5-5.5       | <2.7          | 1.3            | Up to 1.6               | 28-40                | 40-100                                   | <0.6                                     |
| PATIENT                   | --            | --            | NM             | 1.15                    | 45                   | 77                                       | 0.3                                      |
| CANINE CARDIAC PARAMETERS | HR (BPM)      | AV VMAX (m/s) | PV MAX (m/s)   | BODY WEIGHT (kg)        | LAD LA MAX 4 Chamber | LVIDd Avg; 2D and m-mode short axis (cm) | LVIDs Avg; 2D and m-mode short axis (cm) |
| NORMAL PARAMETER          | 50-100        | 0.7-1.7       | 0.7-1.6        |                         |                      |  |  |
| PATIENT                   | NM            | 1.7           | 0.95           | --                      | 3.4                  | 3.3                                      | --                                       |

**Cardiac Presentation**

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on 2 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. Normal measured LVOT velocity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Normal measured RVOT velocity. No visible **pericardial** or free pleura fluid was noted. The cranial **mediastinum and pericardial and extra-cardiac regions** were free of masses in the visible window.

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or



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sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

The residual prostate was sonographically normal measuring 1.7 cm in diameter.

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 6.8 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.55 cm width in the caudal pole. The right adrenal gland measured 0.80 cm width in 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented overtly normal intact visible wall. The stomach was nondistended containing a subjective amount of mild nonshadowing ingesta/chyme.

The majority of the visualized small intestine exhibited intact wall layering with maintained wall layer ratio and empty intestinal lumen. An ill-defined mid abdomen mass appearing to derive from unspecified intestinal segments was present exhibiting asymmetrical contour and nonhomogenous hypoechoic parenchyma and subjective measured approximately 5.0 cm in diameter. The mass exhibited potential for hyperechoic foci which may suggest areas of mineralization or potential intra-mass air artifact along with concurrent indistinct intra-mass fluid to cystic component. Surrounding to regional hyperechoic omentum. No evidence of gastrointestinal mechanical obstructive pattern.

The visualized colon exhibited normal intact visible wall containing semi formed fecal matter.

**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**

No obvious visualized peritoneal effusion was present. Potential for associated mild hypoechoic peri-intestinal mesenteric lymph nodes.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- Mid abdomen intestinal mass.
- Surrounding peri-intestinal to regional hypoechoic omentum and potential indistinct mesenteric lymphadenopathy.
- Mild adrenal changes.
- Normal echocardiogram.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

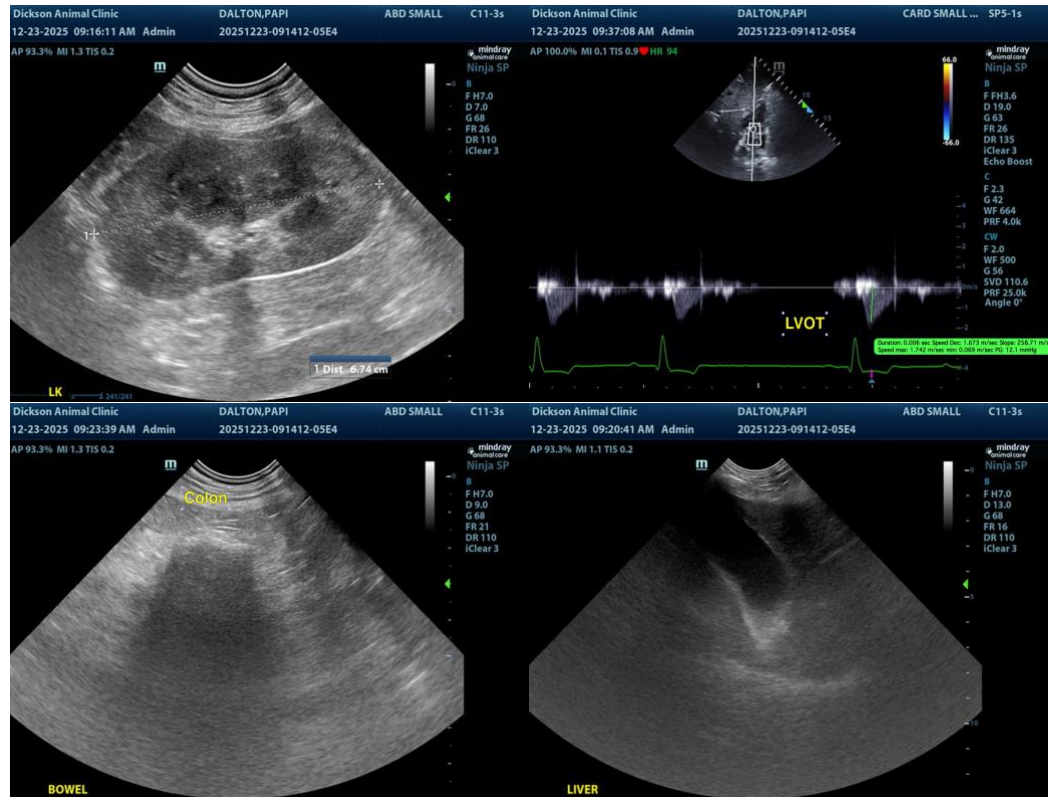
Intestinal segments involved were difficult to ascertain. The intestinal mass is highly suggestive of neoplastic criteria with potential for concurrent necrosis, abscess or mixed etiologies is possible. Unspecified omental mass involving the intestinal tract thought less likely yet not definitively excluded. Assuming normal clotting status, the mass may be amendable to initial FNA cytology. If no evidence of thoracic metastasis, abdominal CT or direct exploratory laparotomy for further clarification could be considered.

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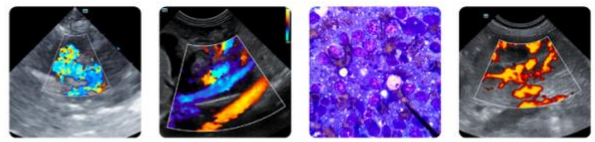
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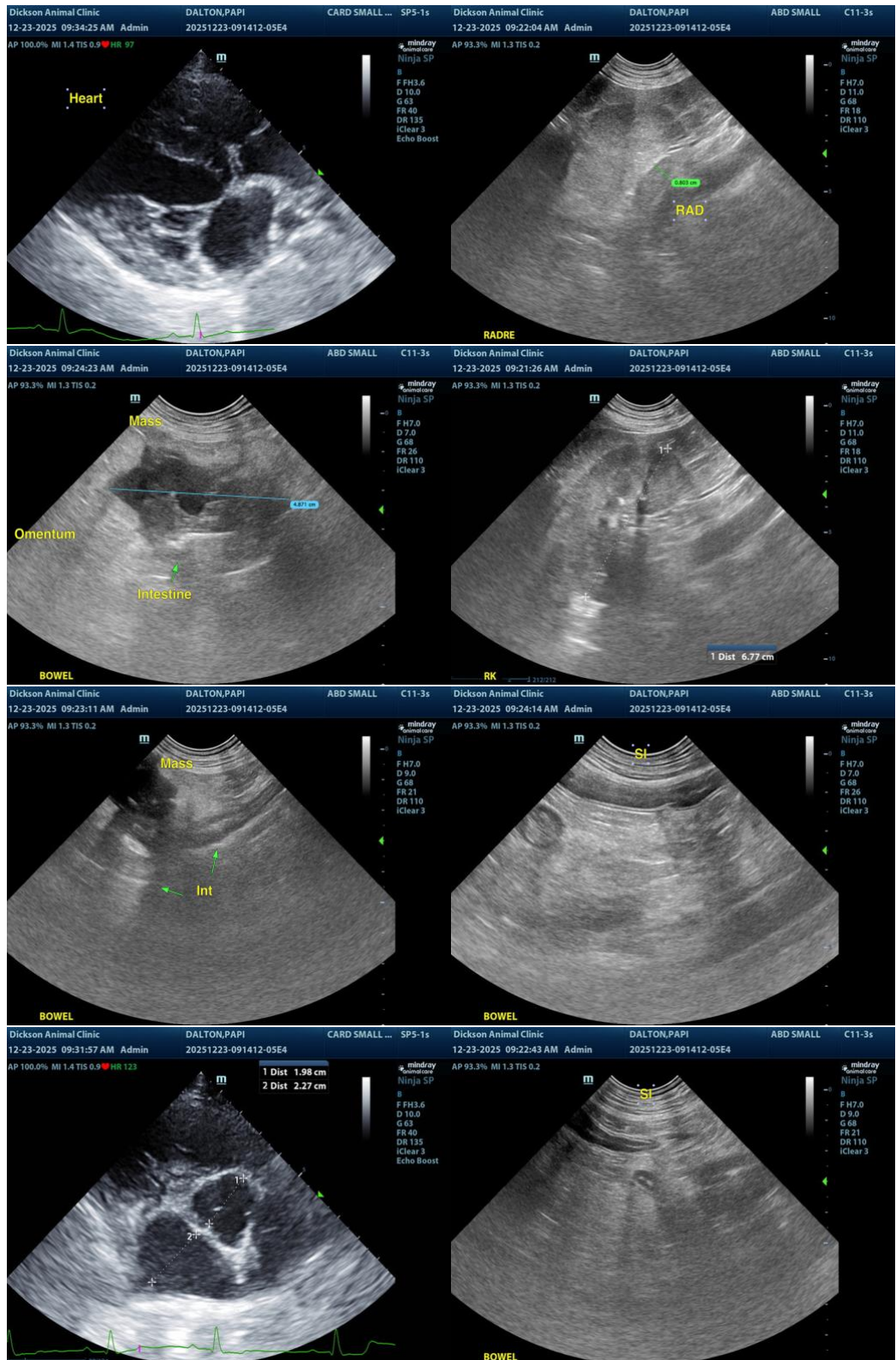
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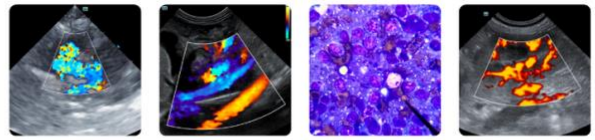
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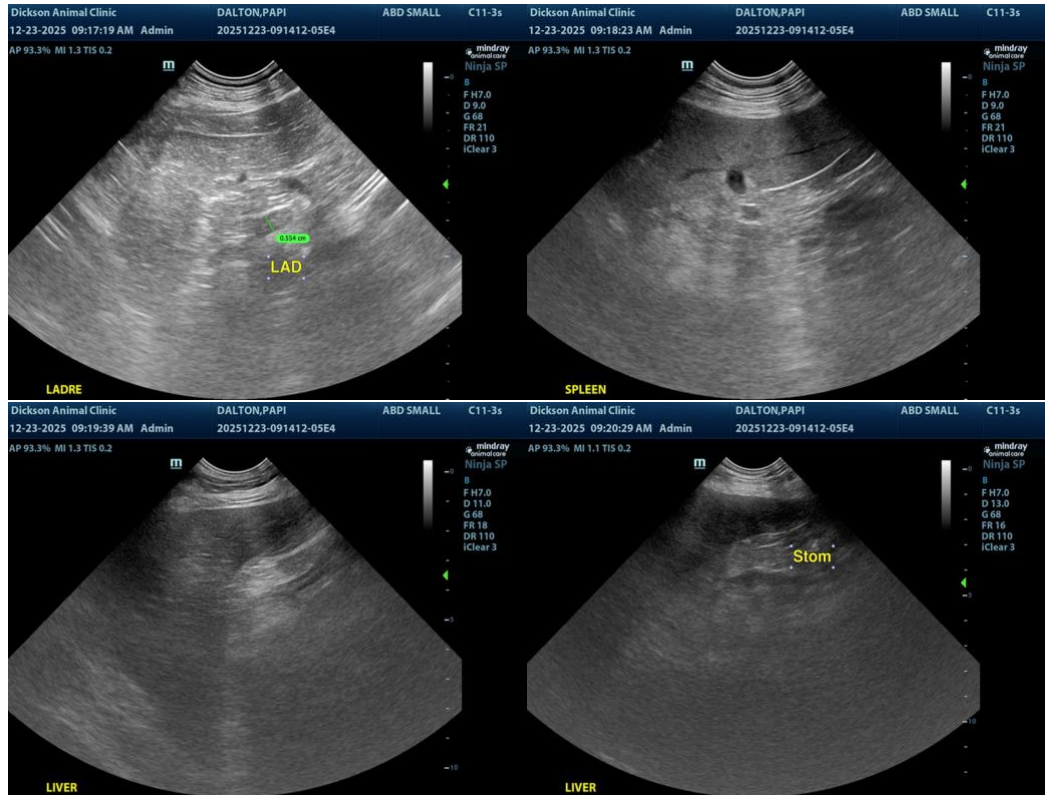
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)