



PATIENT

Daisy Pommerenk

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

12yr

WEIGHT

78.4lb

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings: Hind end collapse, mobility concerns, and increased panting.
- delayed proprioception RH, normal remaining limbs
- ABNORMAL Labwork Values 221ALKP 267Globulin 2.4BUN 31
- Current Medications Trazodone 250mg PO q8-12hrs + Methocarbamol 500mg 1T PO q8-12hrs + Prednisone 20mg 1T PO BID.
- Radiographic Findings Mild multifocal spondylosis. Vertebral end plates all appear well defined. LH acetabulum misshapen, femoral heads slightly flattened. Incidentally noted poorly defined soft tissue opacity in crd abdomen displacing SI.
- Notes to Specialist (if any) concern for mass/organ enlargement in cranial abdomen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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 7.1 cm in length. The right kidney measured 7.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was in enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.45 cm width in the caudal pole. The right adrenal gland was not definitively visualized owing to adrenal depth and patient size / conformation.

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/Gallbladder

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. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside Veterinary
Clinic

REFERRING VET

Dr Matteson

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing segmental non-shadowing ingesta/chyme with no signs of 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

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly- sonographically consistent with benign criteria such as vacuolar/ steroid hepatopathy given patient history
- Non-organized gallbladder debris (non-mucocele)
- Normal spleen
- Mild chronic renal changes
- Enlarged non-homogenous left adrenal gland - hyperplasia, functional vs non-functional adenoma, emerging left adrenal tumor thought less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal mass with hepatomegaly likely mimicking cranial abdomen mass effect on radiograph. Hepatosupportive medications may prove beneficial. Serial monitoring of systemic BP for hypertension which may potentially allude to emerging left pheochromocytoma as well as sonographic monitoring of the left adrenal gland for evidence of progressive enlargement is recommended.



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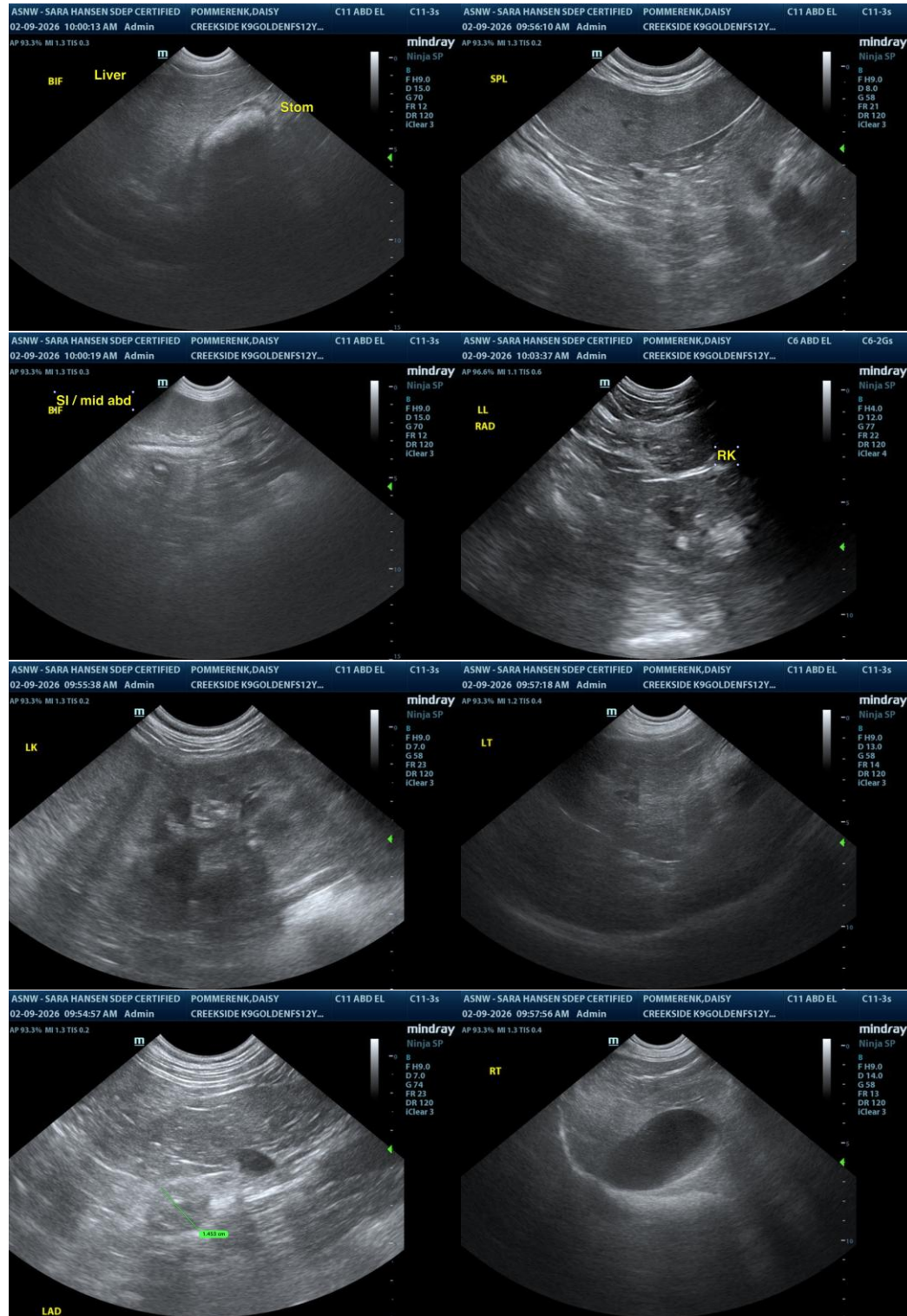
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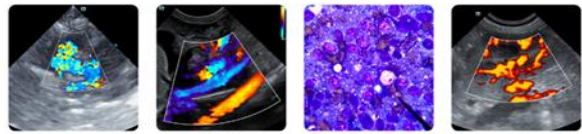
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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