



PATIENT

Whiskey Roth

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

11y

WEIGHT

63.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Faithful Friends AC

REFERRING VET

Dr. Stender

INVOICE

13314

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History:

- Weight loss, muscle wasting, organomegaly, hyporexia, no pu/pd
- ABNORMAL Lab work Values: 3/17/26 rbc and mcv lo normal, hct lo 39.6, hgb lo 12.8, mch lo 20.7, retic/hgb lo 21, lymph lo 0.766, plt hi 676, alp hi 1351, ggt hi 218, specCPL hi 218, usg lo 1.019, pH 8.0 hi, ur. prot hi 3+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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.

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 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 7.1 cm in length.

Adrenal Glands

Mild cranial right adrenal enlargement and asymmetrical left adrenal enlargement noted. Non-homogeneous, non-uniform parenchyma without evidence of mineralization, and asymmetrical intact capsule contour. The left adrenal gland measured 4.0 cm length x 1.9 cm width in the cranial pole and 1.2 cm width in the caudal pole. The right adrenal gland measured 3.3 cm length x 1.7 cm width in the cranial pole and 0.77 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 exhibited generalized hepatomegaly with non-homogeneous remodeled parenchyma. Intermittent, non-capsule deforming, hyperechoic nodules were present measuring 1.4 cm in diameter. Caudally expanding, moderately sized, non-homogeneous cystic to cavitated liver mass was present measuring ~12.0 - 13.0 cm in diameter, potentially expanding to approximate level of the mid abdomen. The gallbladder was non-distended in size with mildly prominent, hyperechoic wall. Mild, variably hyperechoic, congealed yet non-organized debris. The cystic and common bile ducts were normal.



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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

The area of the pancreas presented sonographically normal.

Free Abdomen

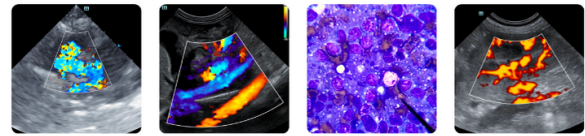
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly with caudally expanding mass and intraparenchymal nodules
- Congealed yet non-organized gallbladder debris – not consistent with mature mucocele criteria
- Sonographically normal spleen
- Bilateral chronic renal changes
- Bilateral symmetrical adrenomegaly – more prominent in the left adrenal gland
- Sonographically normal gastrointestinal tract
- Normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic mass and parenchymal FNA cytology recommended for further clarification. Bilateral adrenal hyperplasia, functional vs non-functional adenomatous change with potential for unilateral or bilateral adrenal tumors possible. Given current clinical signs, hyperadrenocorticism may be considered less likely. Serial monitoring of systemic BP for evidence of hypertension and +/- urine metanephrine level in conjunction with UPC is recommended. Mild or chronic pancreatitis may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs, neurological / musculoskeletal examination and rule out competitive eating environment are recommended to assess for or rule out occult disease or contributing factors which may cause weight loss.



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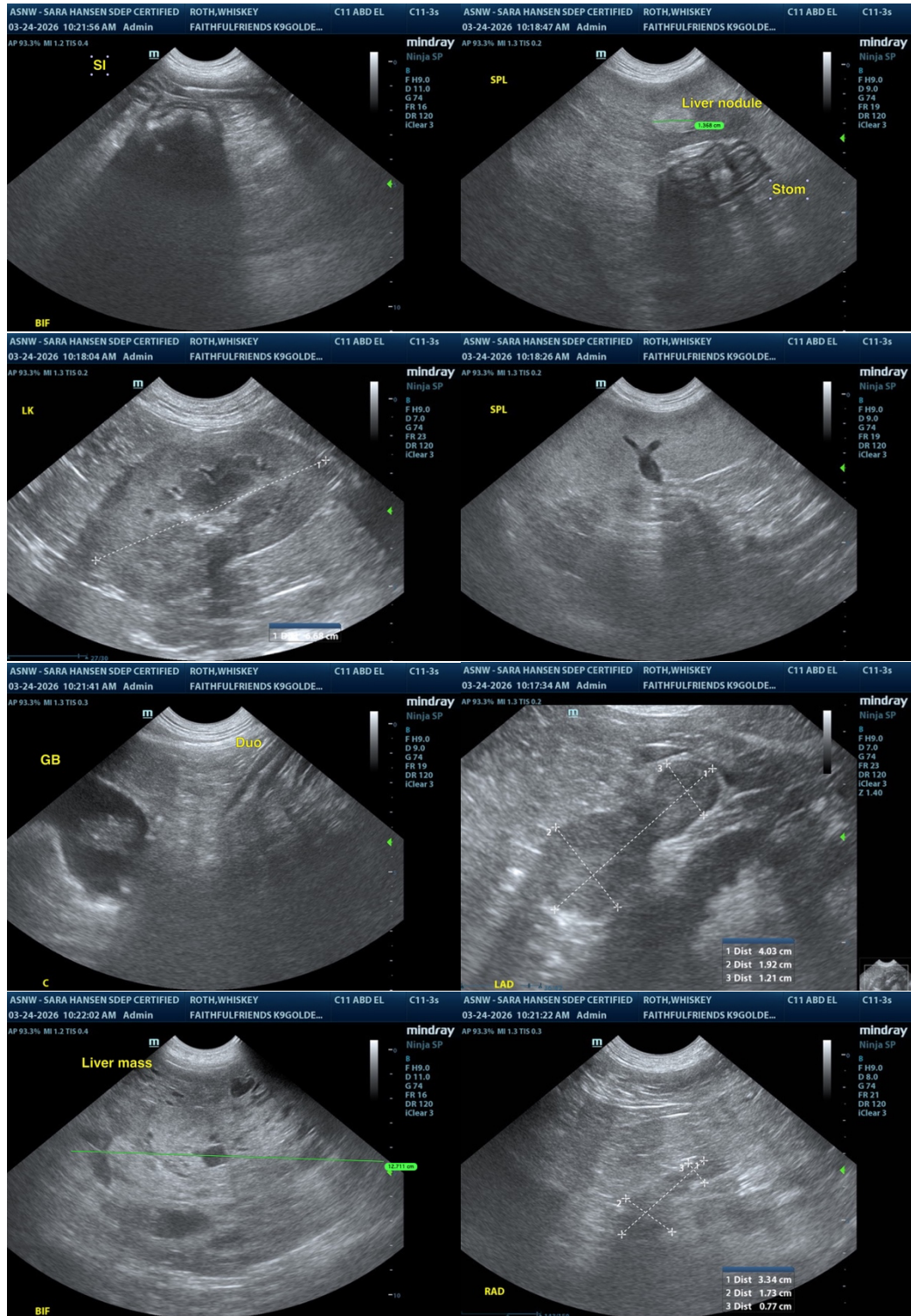
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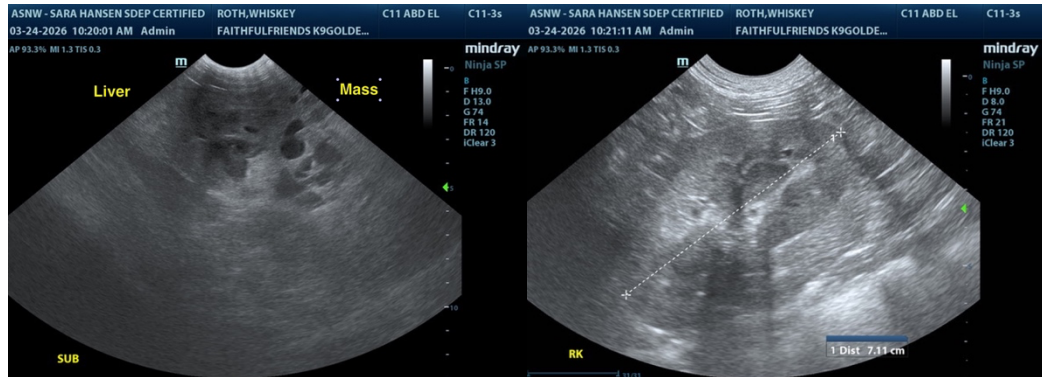
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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