



## PATIENT

Joani Gahnsmith

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Female Spayed

## AGE

7y

## WEIGHT

24.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dave Stasiuk RDMS,  
RDCE

## HOSPITAL NAME

Bow River VC

## REFERRING VET

Bow River VC

## INVOICE

13338

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

History:

- IMTC. ON PRED 2 MG/KG DAILY. SCREEN FOR ABD MASS. NORMAL LABS. LABRADOR RETRIEVER. FS.

## 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 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 6.4 cm in length. The right kidney measured 6.9 cm in length.

### Adrenal Glands

The left and right adrenals were mildly subnormal in size with symmetrical contour and homogeneous parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole. The right adrenal gland measured 0.35 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 liver presented mild to moderately 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-dependent, non-organized, echogenic, nonmineralized biliary sludge primarily visualized in the caudal lumen and area of the gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.

### Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental, non-shadowing ingesta/chyme.

Normal visible colon wall layers were present with apparent formed feces in lumen.

### Pancreas

The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### Free Abdomen

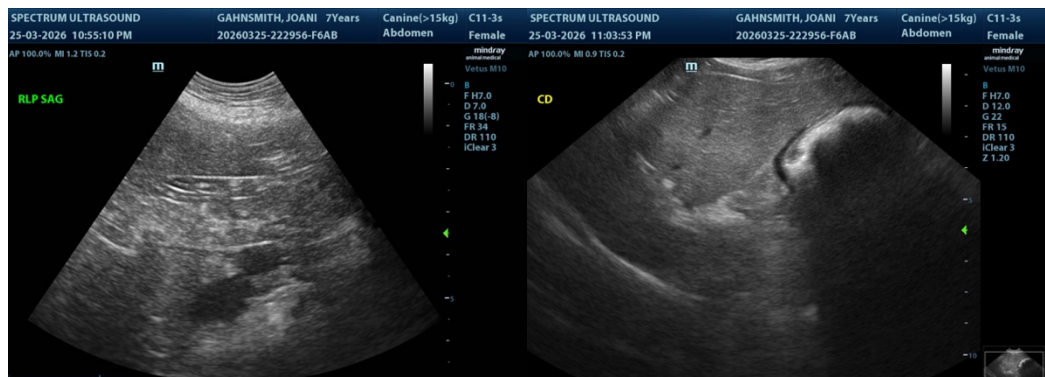
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly – most consistent with benign or vacuolar hepatopathy likely secondary to steroid therapy
- Mild, non-organized gallbladder debris (non-mucocele)
- Subnormal bilateral adrenal glands – consistent with steroid therapy
- Gastrointestinal ingesta – probable postprandial presentación

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology. Correlation with liver enzyme assessment is recommended. Hepato-supportive medications suggested if elevated liver enzymes or cholestasis. No evidence of abdominal masses or neoplastic criteria.





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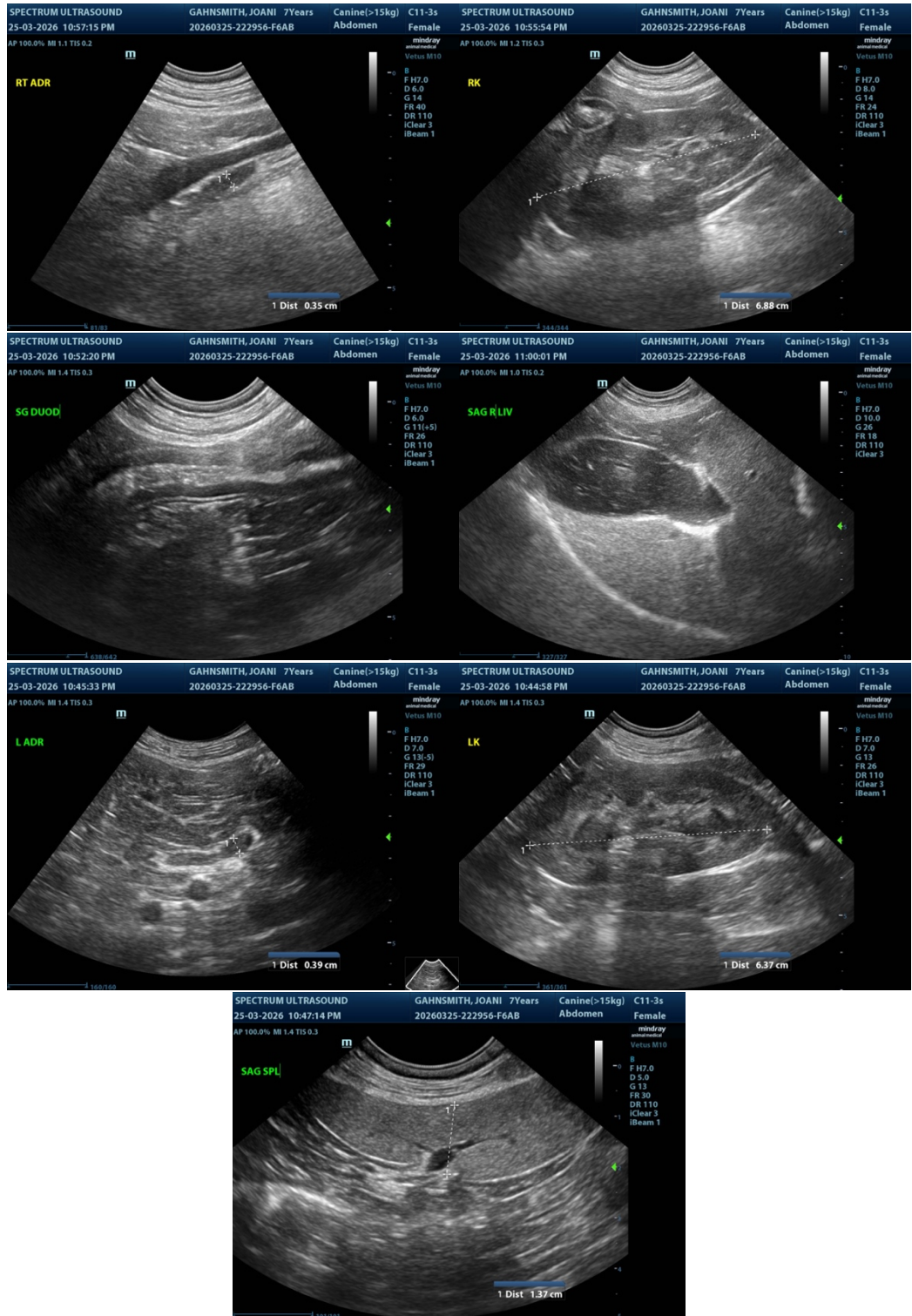
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)