



PATIENT

Sandy Joye

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11

WEIGHT

66.7

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Reyes

HOSPITAL NAME

Graceful Paws Pet
Clinic

REFERRING VET

Dr. Santiago

INVOICE

14691

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- Pet presented for ultrasound due to enlarged abdomen and mild anemia. History of urinary incontinence and current on Proin. Not full resolution per owner
- No GI signs at this time

Abnormal PE/Chem/CBC/UA Results: HCT: 37.8% Plt: 430 Chem K: 5.6 ALP: 161

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 change were noted.

Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate pyelectasia was present. The left kidney measured 6.6 cm in length.

Normal size and margination was present in the right kidney. 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 pyelectasia was present. The right kidney measured 6.4 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen presented overall normal in size with primarily symmetrical contour and mild heterogeneous parenchyma. Several mildly expansive nonhomogenous hypoechoic splenic nodules were present with an example measuring 1.8 cm in diameter.

Liver & Gallbladder

The liver was not definitively visualized. The visible portion of ventrocaudal liver cranial to the spleen exhibited mild heterogeneous parenchyma.

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained fluid.

The small intestine was not definitively visualized.

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



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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

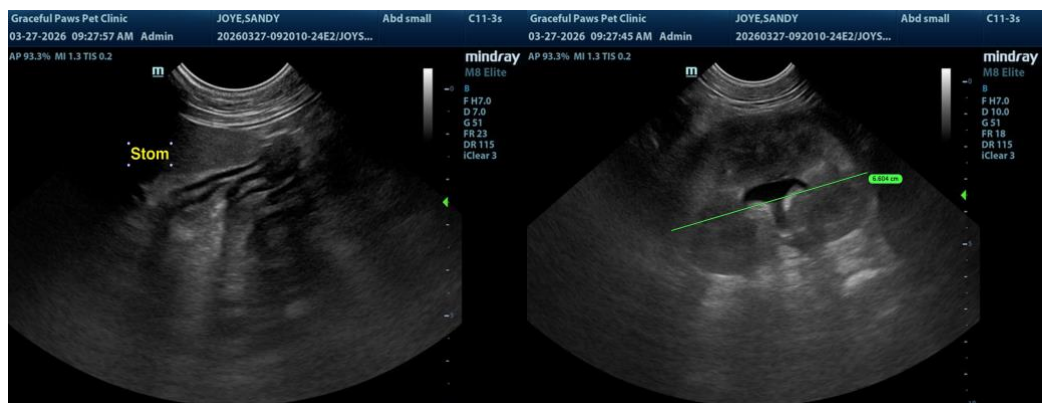
An asymmetrically extensive mixed echogenic mass was present occupying a majority of the abdominal cavity. The mass appeared to exhibit lobulated component and cystic areas which may indicate cavitations or potential necrosis. The mass measured at least 20.0 cm in diameter but likely larger with a lobulated section of mass measuring approximately 6.0 cm to 7.0 cm in diameter. Surrounding hyperechoic omentum and minor volume of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Extensive abdominal mass occupying a majority of the abdominal cavity and suspected to be involving the liver.
- Expansive splenic nodules.
- Generalized hyperechoic omentum and mild volume peritoneal effusion.
- Normal nondistended urinary bladder.
- Age-related renal changes with left kidney pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, extensive to multicentric neoplastic criteria is present with multicentric carcinoma, sarcoma or other possible. This case is non-surgical. An unfavorable prognosis is indicated.





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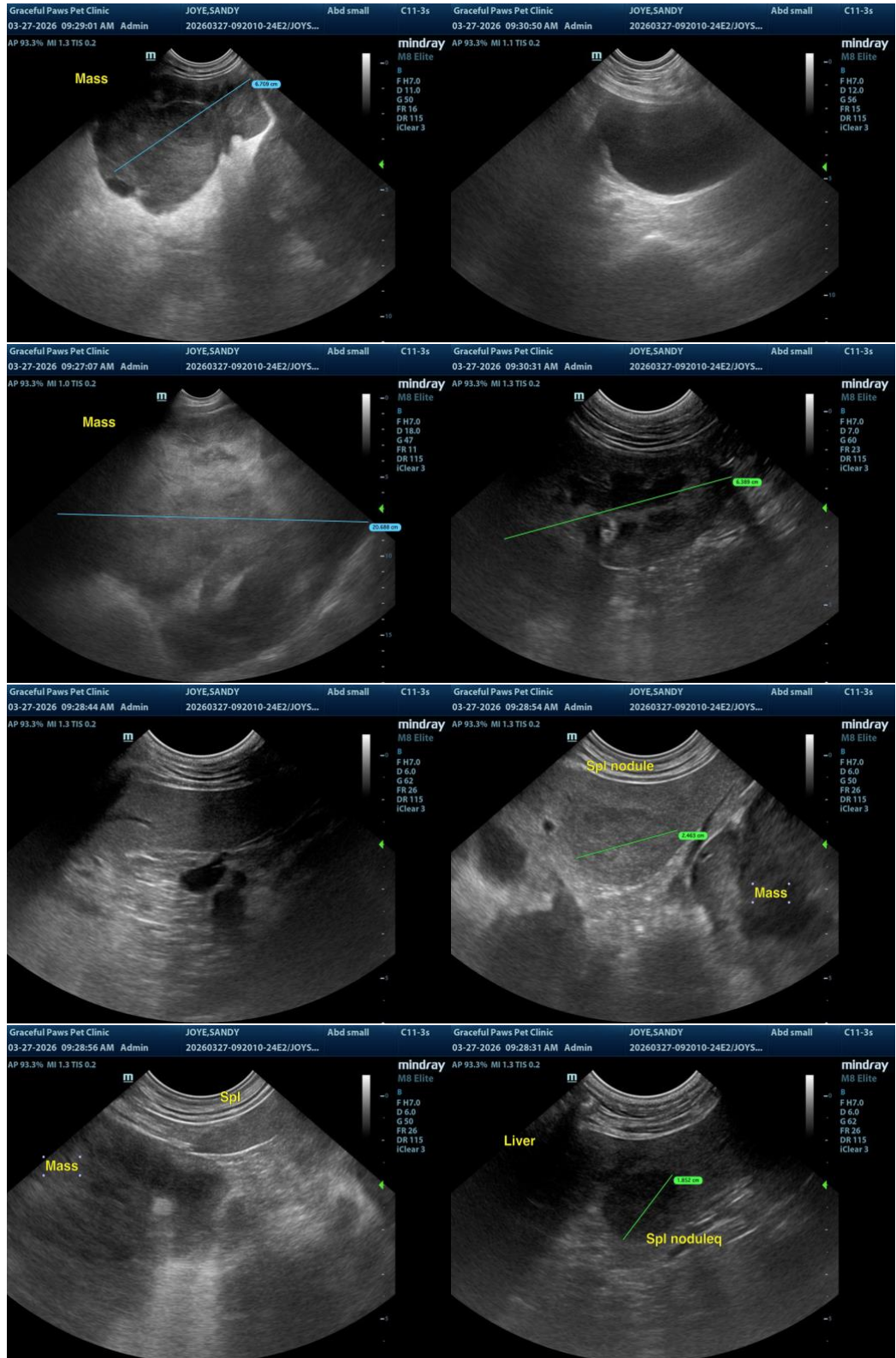
Dr. Santiago

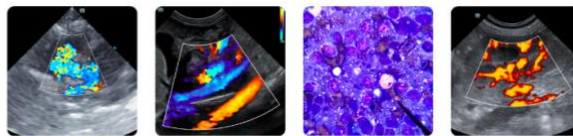
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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