



PATIENT

Honey Potter

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

10yr

WEIGHT

80.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Whitesell, DVM

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Margarett Huneycutt,
DVM

INVOICE

24490

DATE

04/13/2026

PRESENTING CLINICAL SIGNS

Pt presented to us today (4/13) for mass removal under general anesthesia. Owner mentioned upon drop off that Pt seems lethargic and has not been wanting to eat, and that Pt's stomach seems a bit bigger than normal. Performed ABD U/S before procedure. Bloodwork WNL.

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. A well differentiated non-capsule deforming hypoechoic left kidney nodule was present measuring 1.7 cm in diameter. The left kidney measured 8.0 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.79 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.70 cm width at the caudal pole.

Spleen

The discernible intact spleen was overtly normal in size with symmetric contour and homogenous parenchyma.

Liver/Gallbladder

The liver presented mildly 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. Intermittent non-capsule deforming well differentiated hypoechoic hepatic nodules were present. An example of a liver nodule measured 1.6 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The visualized segments of small intestine were sonographically normal



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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.

SPECIES

Canine

Free Abdomen

A moderately sized non-homogenous hypoechoic mid to cranial abdomen mass measuring ~ 16 cm in diameter was present. The mass was not definitively connected to the liver and primarily within the area of the spleen.

BREED

Golden Retriever

No evidence of peritoneal effusion

SEX

ULTRASONOGRAPHIC FINDINGS

FS

Primary

AGE

- Mid to cranial abdomen mass
- Hepatic nodules.
- Left kidney nodule with bilateral age-related renal changes

10yr

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

80.6lb

The abdominal mass suspected to be splenic in origin without overt definitive connection to the liver or other intra-abdominal organs. Non-splenic or undifferentiated mass i.e. omental, lymphatic or other cannot be definitively excluded. Regardless, evidence of hepatic and left kidney metastasis are present. FNA cytology of the mass +/- liver nodule if accessible and assuming normal clotting status could be considered for further clarification and potential for oncology consult. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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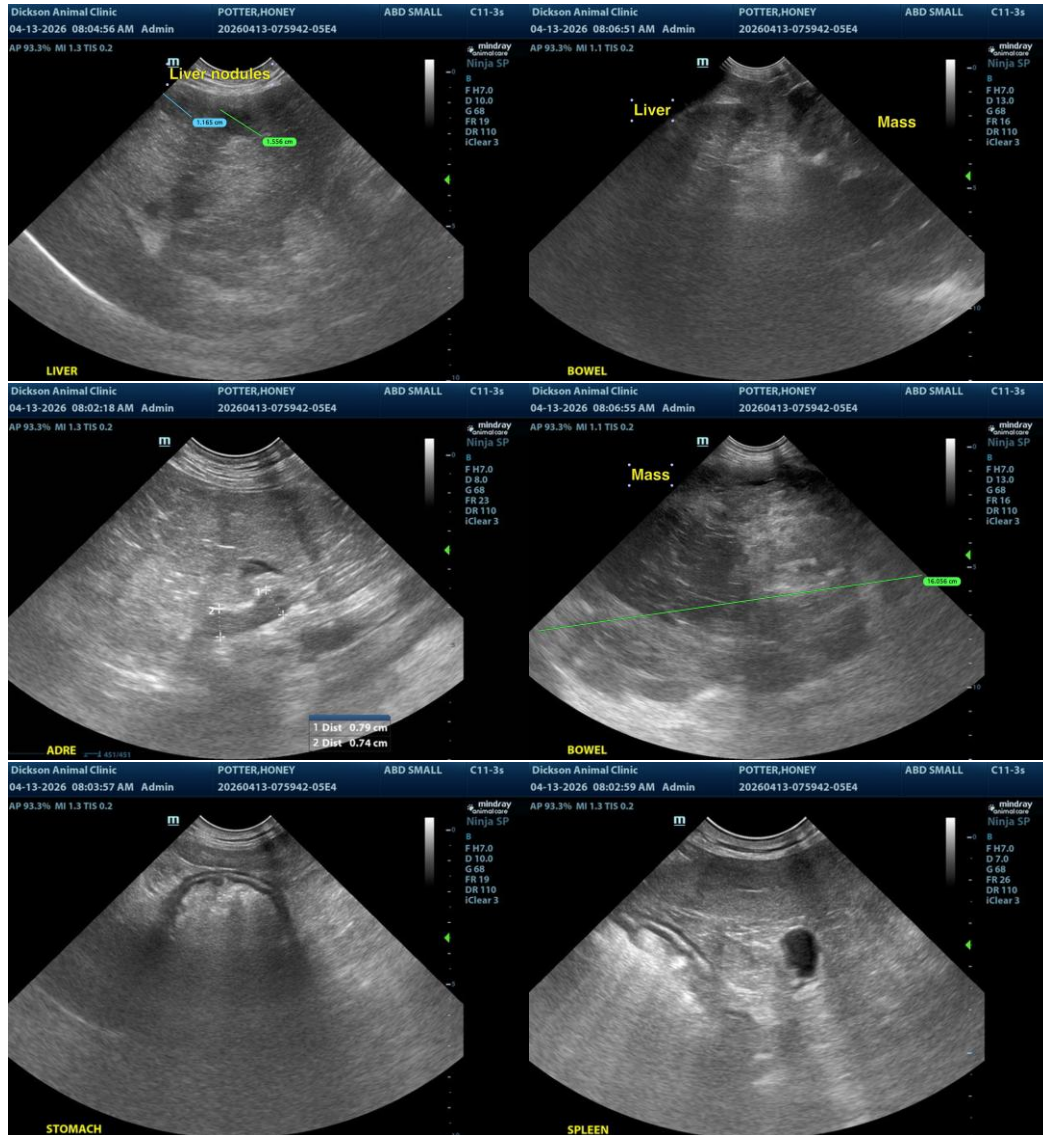
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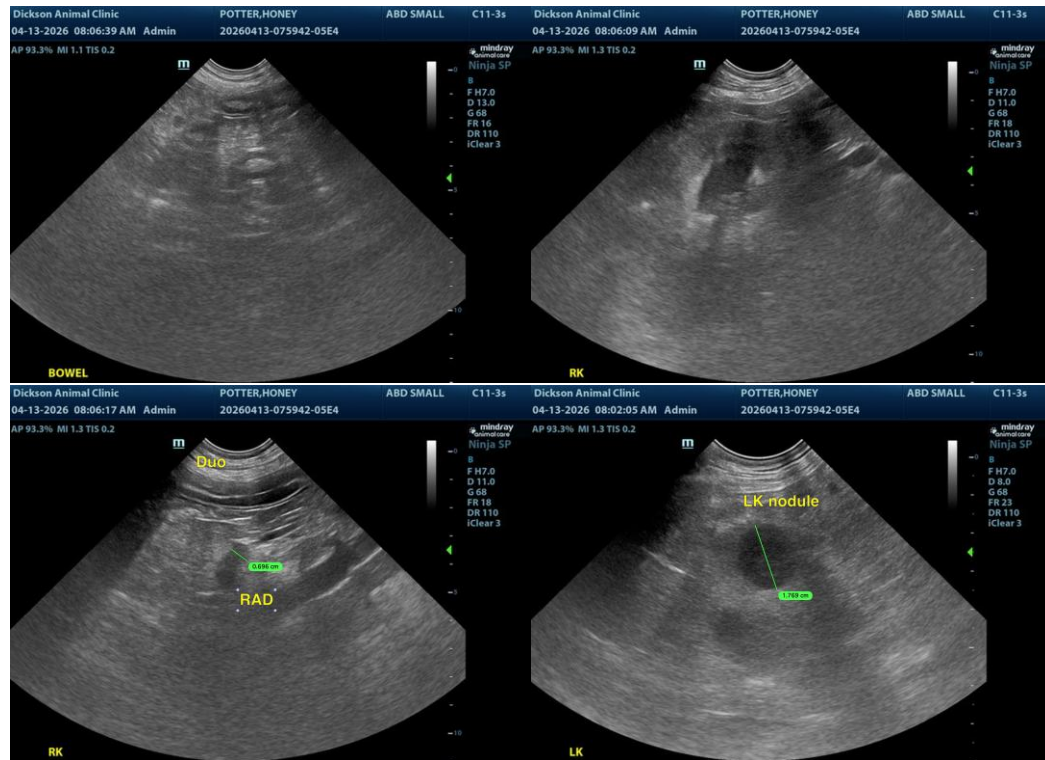
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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