



PATIENT

Charlie Grabotin

SPECIES

Canine

BREED

Golden Retriever

SEX

MI

AGE

10yr

WEIGHT

65lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Creekside Veterinary
Clinic

REFERRING VET

Dr Strahon

INVOICE
24536

DATE

04/20/2026

PRESENTING CLINICAL SIGNS

Weight loss since at least October 2025.
ABNORMAL Labwork Values 1/2026 - WNL
Current Medications Mirtazapine

Radiographic Findings 4/2026 - Abdominal radiographs - Possible cranial mass effect - splenic enlargement?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 7.5 cm in length. The right kidney measured 7.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 4.2 cm in diameter.

The left testicle was sonographically normal. The right testicle was normal in size with a cystic to non-homogenous appearing right testicle nodule measuring 1.7 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 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 0.50 cm width at the caudal pole.

Spleen

The spleen was mildly enlarged with maintained symmetrical contour and mild non-homogenous parenchyma. Similar splenic parenchyma echogenicity compared to the liver. No visualized masses or nodules were present.

Liver/Gallbladder

The liver presented mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. No visualized masses or nodules were present. The gallbladder was non-distended in size with primarily anechoic luminal content. 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 contained mild non-shadowing ingesta /chyme sonographically suggestive of food echogenicity 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 mechanical/metabolic ileus, 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

- Mild splenomegaly
- Concurrent mild hepatomegaly exhibiting mild parenchyma hyperechogenicity
- Normal gastrointestinal tract with mild non-shadowing gastric ingesta/ chyme
- Benign prostatic hyperplasia pattern, minor potential for prostatitis
- Non-specific right testicle nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intra-abdominal mass with non-specific mild hepatosplenomegaly. Correlation with recheck lab work is recommended.

If normal clotting status and using 25ga needle, hepatosplenic FNA cytology is recommended for further clarification given weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

Pending further diagnostics, neutering with submission of right testicle for histopathology, monitoring of prostatic involution +/- empirical therapy for prostatitis would be ideal.



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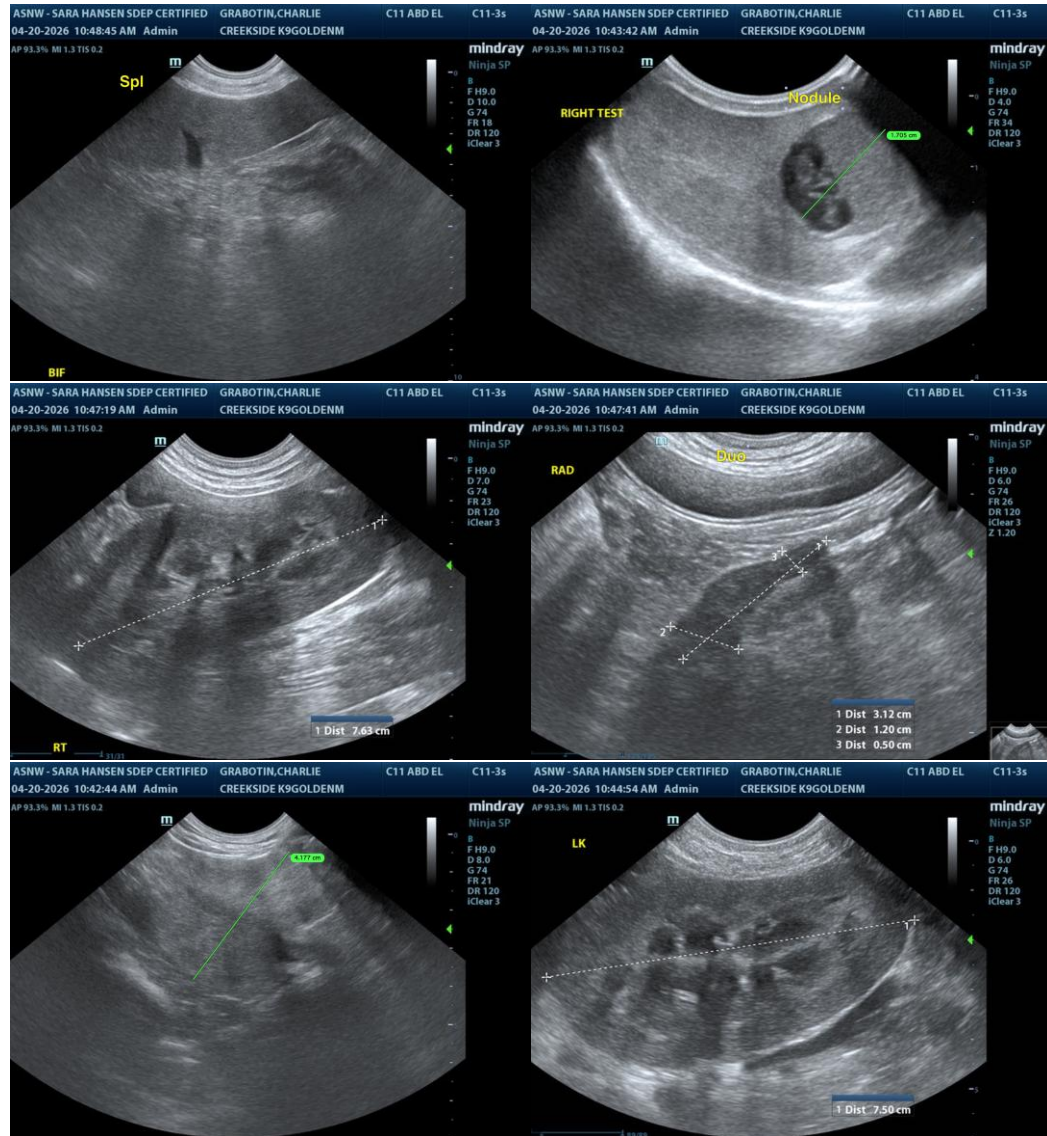
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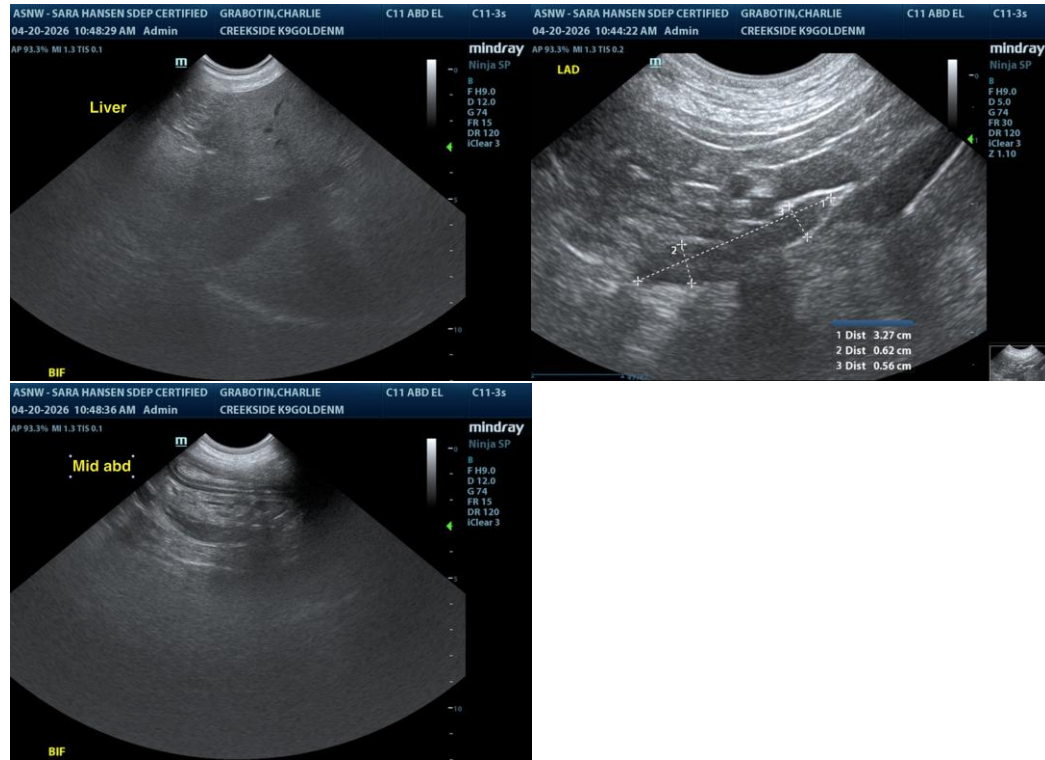
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

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info@sonopath.com

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