

**PATIENT**

ROSIE Villati

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

FS

**AGE**

9yr

**WEIGHT**

101

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Gavin Casper

**HOSPITAL NAME**

Hometown Animal  
Hospital Florida

**REFERRING VET**

Dr Gavin Casper

**INVOICE**  
24522

**DATE**  
04/20/2026

**PRESENTING CLINICAL SIGNS**

Recent hx of lethargy and exercise intolerance

Abnormal PE/Chem/CBC/UA Results: Cardioresp ausc nsf. No overt changes on abd palp but BCS limits effective palpation. BCS 9/9. Ongoing grade 2/3 LHL + RFL lamenesses due to chronic OA Cbc- Non-regenerative mod anemia (HCT 37.9, prev 30.3), Mild leukocytosis (21.2, prev 17.3) w/ mod neutrophilia (18, prev 13.9), mild lymphopenia (0.8), mild thrombocytopenia (50-100k), nRBCs, polychromasia + anisocytosis present. Chem- mild inc SDMA (16), mild inc glob (4.4, prev 4.2), mild inc ALP (186). Tt4- 0.7, suspect euthyroid sick. Path review of blood smear - concerning for myelodysplasia or potentially emerging acute myeloid leukemia, though atypical inflammation is a less likely consideration Rads - hepatosplenomegaly, No evidence of pulmonary nodular metastatic disease or intrathoracic lymphadenopathy is seen.

**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 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 6.9 cm in length. The right kidney measured 7.3 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

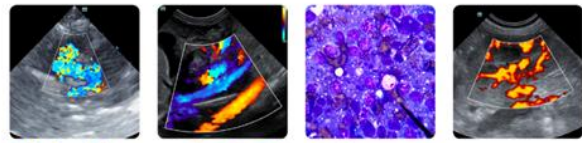
**Spleen**

The spleen was overtly normal in size, exhibiting symmetrical contour and homogenous parenchyma. Subjective mild caudal splenic folding was present. No visualized masses or nodules were present.

**Liver/Gallbladder**

The liver presented 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-organized debris. The cystic and common bile ducts were normal.

**Gastrointestinal**



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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 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.

Still images of a mild non-homogenous labeled left mammary gland nodule measuring 4.3 cm in diameter.

## **ULTRASONOGRAPHIC FINDINGS**

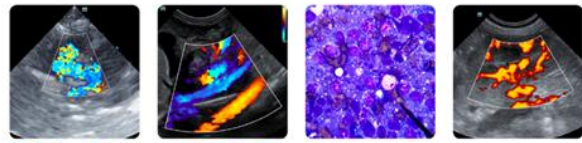
### **Primary**

- Hepatomegaly
- Mild non-organized gallbladder debris (non-mucocele)
- Subjective non-enlarged spleen with splenic folding
- Labeled left mammary gland nodule

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No visualized sonographic evidence of hepatosplenic masses or definitive neoplastic criteria. Potential radiographic impression of a splenic mass based on splenic folding possible in conjunction with impinging hepatomegaly. The splenic folding itself is not indicative of obvious splenic pathology. Mild splenic hyperplasia, hematopoiesis, inflammation in conjunction with metabolic, vacuolar or cholestatic hepatopathy given ALP elevation, concurrent hepatic inflammation, or emerging to occult hepatosplenic neoplasia are all potentials.

Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology is warranted for further assessment.



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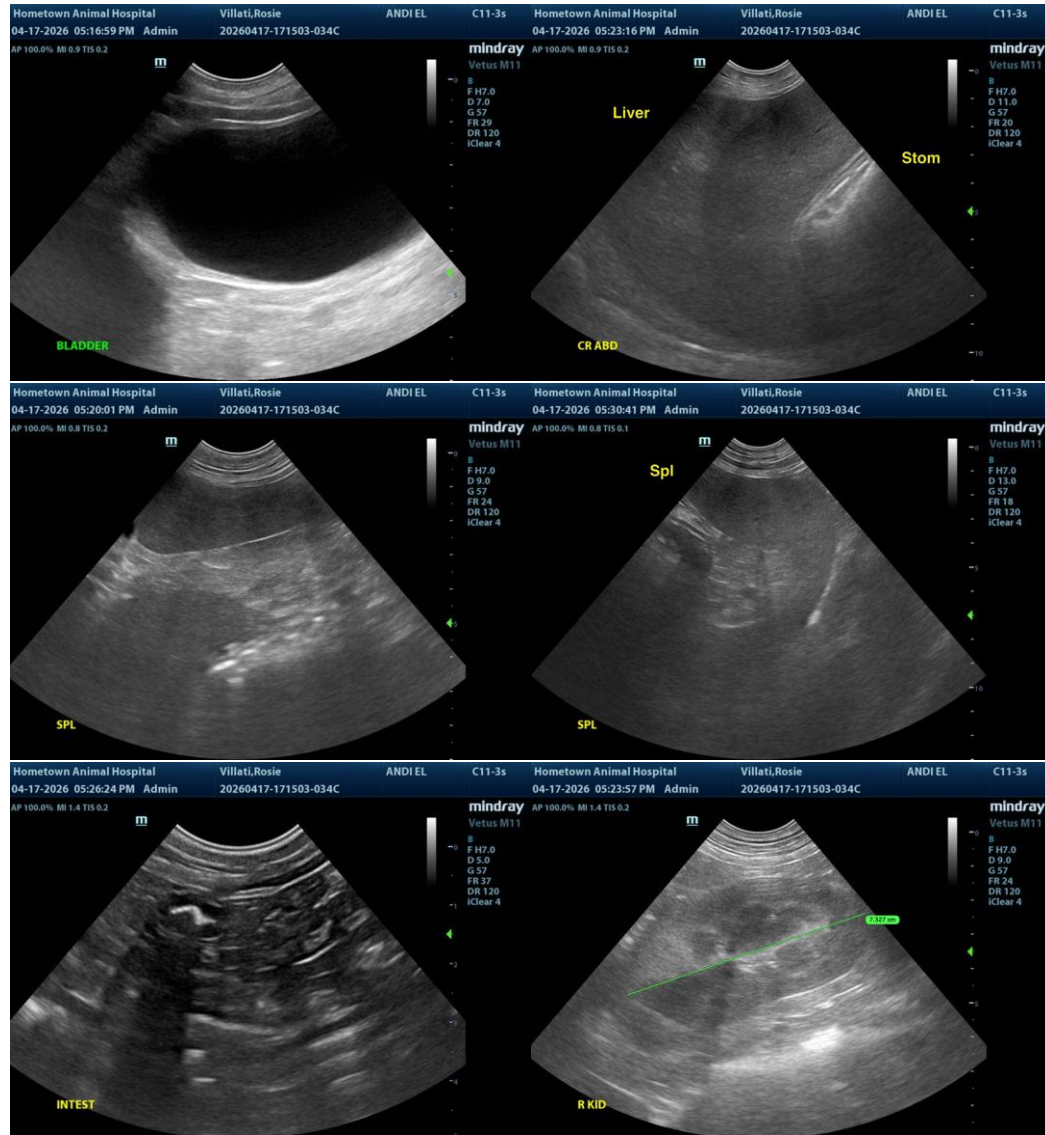
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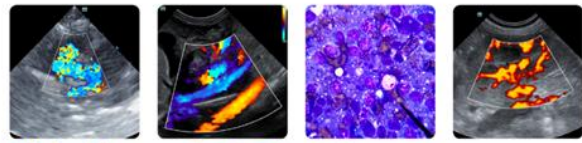
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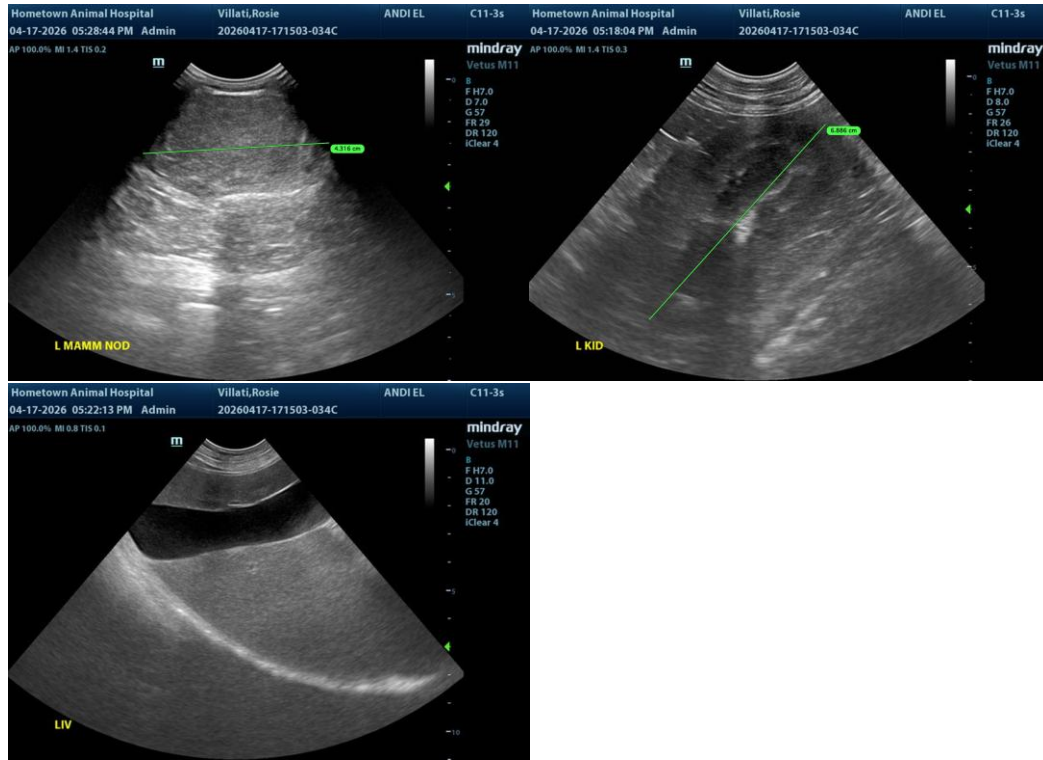
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)