



PATIENT

Walter Houle

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

12 years

WEIGHT

73.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Grace Jayne CVT

HOSPITAL NAME

Ark Animal
Homecare

REFERRING VET

Dr. Erika De Becker

INVOICE

10836

DATE

4/28/26

PRESENTING CLINICAL SIGNS

Weight loss of 6 pounds over two years. The owners describe that he is just a little "off". - Walter is here for an annual exam but has shown a significant decline in condition over the past 2 weeks.

- The decline started after a vacation; the pet sitter noticed Walter urinated in his bed once, which is unusual. - Appetite has decreased; he delays eating in the morning and only nibbles at dinner. - Water intake is about the same or possibly increased. - Vomited once about 2 and a half weeks ago with a green bile-like substance. - No diarrhea noted. - Has allergies causing reverse sneezing and red eyes, which are normal for him. - Currently eats 2 cups of food daily (1 cup twice a day), but is less interested in food.

- Medications include tacrolimus and NeoPolydex eye drops daily, and Dasuquin.

Abnormal PE/Chem/CBC/UA Results: Discomfort when the cranial abdomen is palpated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 residual prostate and proximal urethra were not definitively visualized.

No evidence of pathology in the area of the aortic trifurcation.

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 5.9 cm in length. The right kidney was primarily visualized in the transverse plane.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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/ Gallbladder

The liver was subjectively normal in size and contour. Normal hepatic vascular volume was present. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild coarse echotexture and subjective mild parenchymal remodeling. A solitary, discreet, nonhomogeneous to hypoechoic, ventrocaudal intraparenchymal nodule was present, measuring 1.0 cm diameter. The hepatic and portal



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vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed, nonorganized gallbladder debris. 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 to moderate, progressively nonshadowing ingesta without signs of obstruction or foreign material.

The visualized segments of the small intestine presented intact wall layering with a normal wall layer ratio. Concurrent, segmental, similar appearing, nonshadowing intestinal ingesta was noted without an obstructive to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatic parenchymal remodeling with discreet intraparenchymal nodule
- Mild gallbladder debris (non mucocele)
- Overall sonographically unremarkable gastrointestinal tract with gastrointestinal ingesta
- Normal spleen
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastrointestinal ingesta is nonspecific and may indicate post-prandial presentation. Correlation with the most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without overt evidence of foreign material. Definitive evidence of mechanical gastrointestinal obstruction was not overtly evident.

Documented 12-hour fast and sonographic reassessment of the gastrointestinal tract would be ideal. Correlation with full lab work and urinalysis, if not done, is recommended. Assuming normal clotting status, hepatic parenchyma and nodule FNA cytology is warranted to assess for occult disease. A GI panel to include PLI/TLI/Cobalamin/Folate, three-view chest radiographs, and neurological/musculoskeletal examination to assess for or rule out occult disease or contributing factor which may cause weight loss is recommended.

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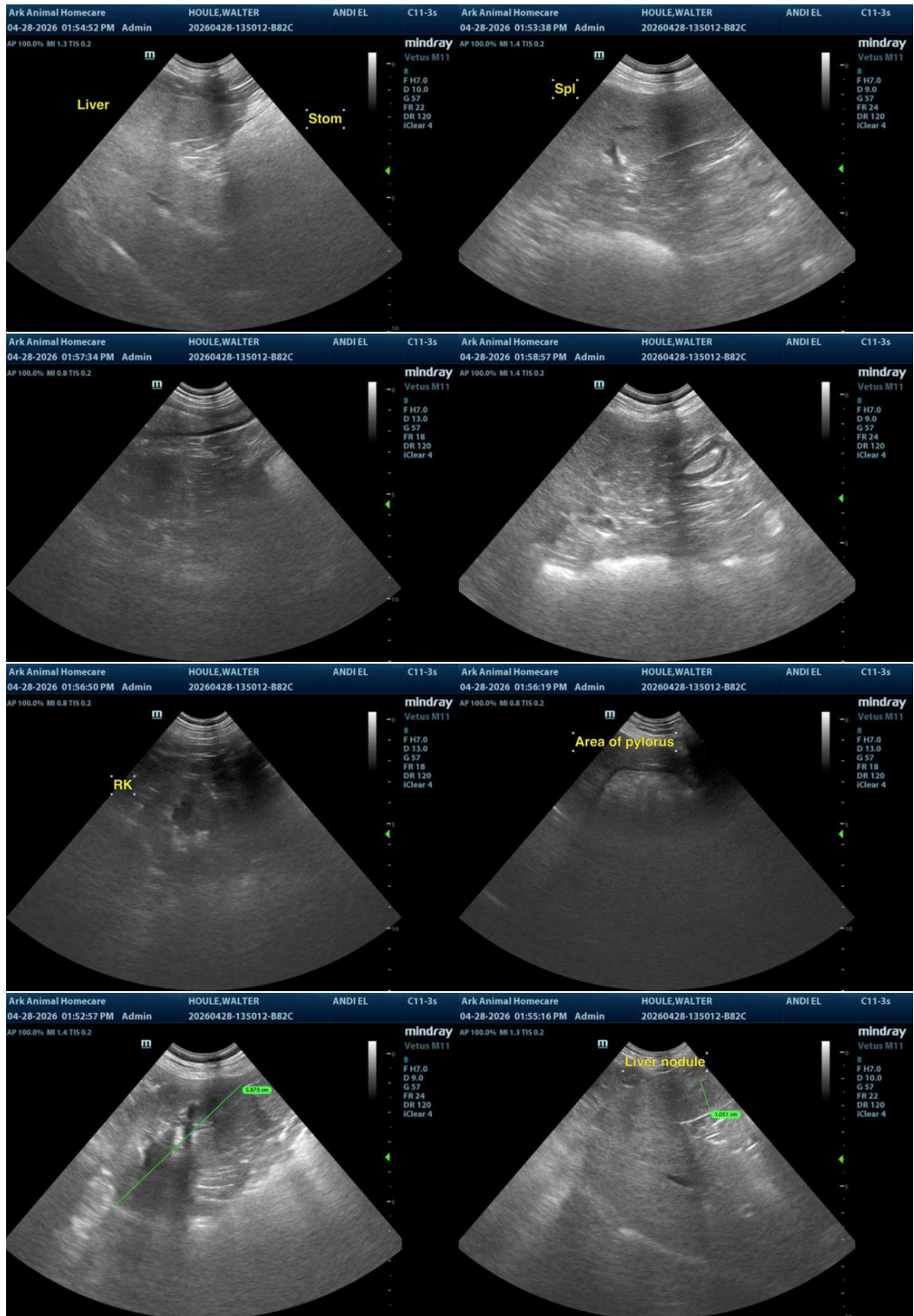
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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