



PATIENT

Jack Peters

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8y

WEIGHT

46 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Triofetti, VMD

HOSPITAL NAME

New Holland VH

REFERRING VET

Blue Pearl Wyomissing

INVOICE

13448

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: AUS to further evaluate a possible abdominal mass, suspected splenic mass. Presented to rDVM on 4/18/26 for about 1 week duration of heavy breathing and walking oddly-cautiously/nervously, PE noted stiff gait. Now has a decreased appetite. No vomiting reported.

Meds: Clavamox BID x 14 days for possible bronchitis

Abnormal PE/Chem/CBC/UA Results: rDVM 4/18/26: - CBC: Hct 47.6%, Plts 233-n, remainder NSF - Chem: Alb 3.5-n, normal LES, remainder NSF - T4: 1.8-n - CXR/AXR: Mild bronchial pattern. Central abdomen there is a mass effect, borders not well defined, suspected splenic origin.

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 changes were noted.

The residual prostate was normal and free of pathology.

Normal size and margination was 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 6.6 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole. A non-homogeneous nodule was present in the cranial right adrenal gland exhibiting non-expansive, subtle, hyperechoic, non-mineralized parenchyma. The nodule did not exhibit signs of vascular invasion. The nodule measured 1.1 cm x 0.8 cm. The right adrenal gland measured 0.59 cm width at the caudal pole.

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

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

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 ileus, obstruction or foreign material.

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

Pancreas

The right pancreas was normal in size and contour with heterogeneous, mildly hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Heart

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Subjective normal left and right chamber dimension with adequate LV systolic function.

ULTRASONOGRAPHIC FINDINGS

- Normal liver/spleen
- Mild, non-organized gallbladder debris (non-mucocele)
- Age-related renal changes
- Subtle cranial right adrenal nodule – adenoma
- Pancreatic remodeling with possible fibrosis
- Subjective normal cardiac structure/function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of intraabdominal mass present. Spec cPL could be considered to assess for possible chronic pancreatitis. Gastrointestinal support indicated. Sonographic monitoring of the subtle right adrenal nodule for evidence of progression is recommended. Correlation with musculoskeletal examination is suggested.



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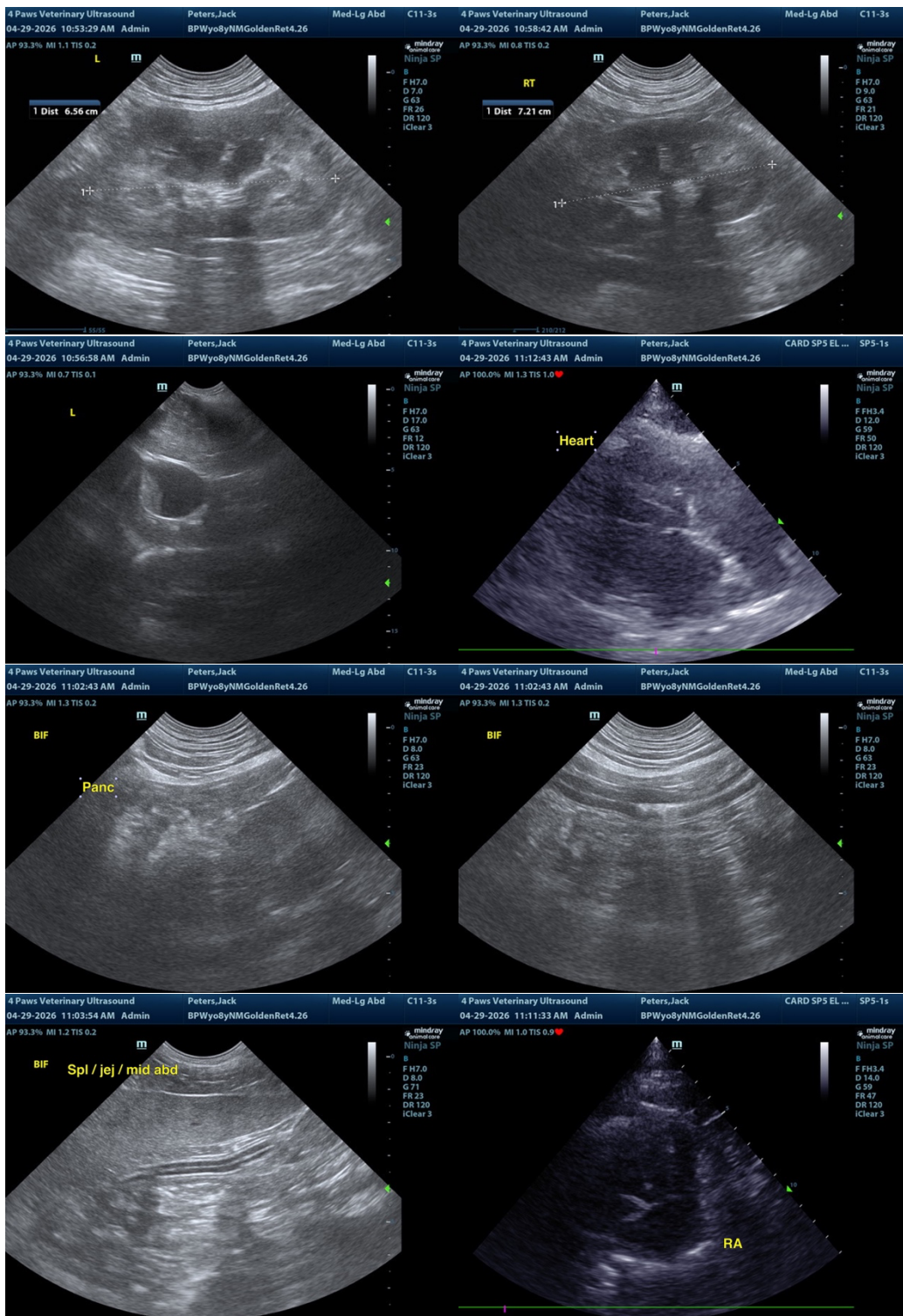
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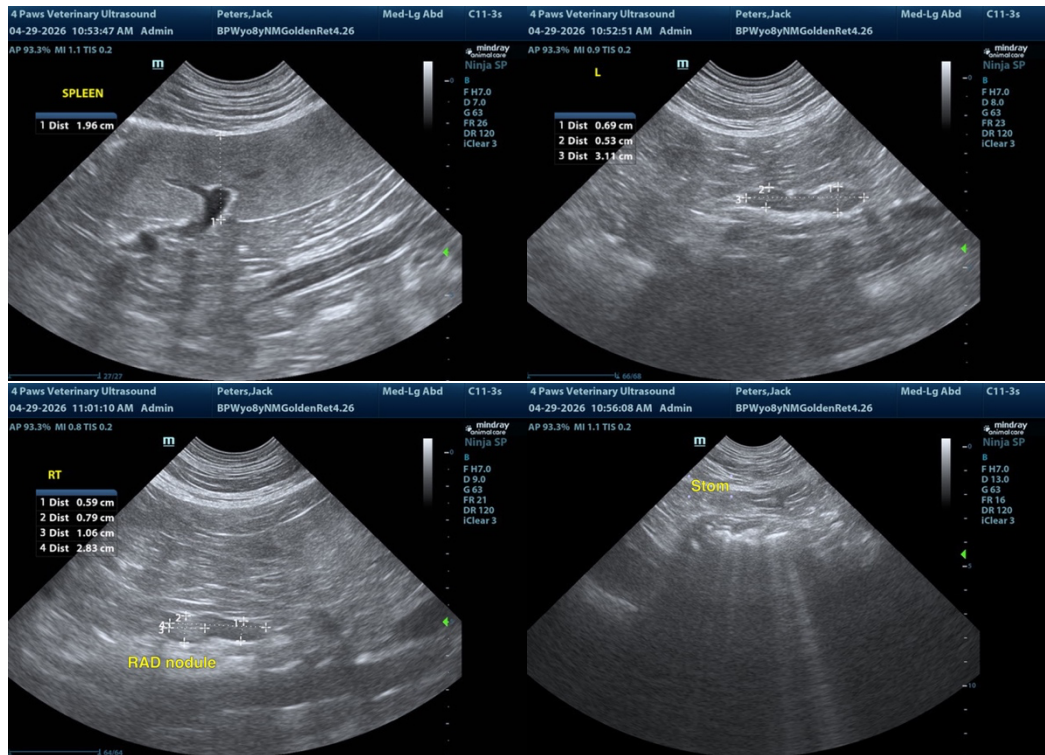
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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