



## PATIENT

Buddy Powers

## SPECIES

Canine

## BREED

Lab Retriever Mix

## SEX

Neutered male

## AGE

12 years

## WEIGHT

58 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Leslie Buggi DVM

## HOSPITAL NAME

Akin Hills Pet Hospital

## REFERRING VET

Dr. Buggi

## INVOICE

69390

## DATE

12/8/25

## PRESENTING CLINICAL SIGNS

History: Marked weight loss, muscle mass loss since last visit (2 years ago). No reported PU/PD. Possible decreased appetite. Slow getting up in back end. Cranial abd organ enlargement- firm  
Abnormal PE/Chem/CBC/UA Results: mild leukopenia with lymphopenia ALT 400 (18 - 121 U/L) AST 51 (16 - 55 U/L) ALP 3,276 (5 - 160 U/L) GGT 21 (0 - 13 U/L) USG 1.025, 3+ protein T4 2.0 Cancer Dx Lymphoma: Not consistent with lymphoma

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.0 cm. The right kidney measured 5.9 cm.

### Adrenal Glands

The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm. The right adrenal gland was not visualized.

### Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. Minor vascular congestion was noted possibly owing to portal hypertension. There was no evidence of significant disease.

### Liver

The **liver** revealed diffuse hepatomegaly with coalescing, hypoechoic masses and nodules. This occupied the entire liver. The cranial aspect of the liver mass was cavitated and there were areas of air accumulation noted. This is consistent with emphysematous bacterial involvement. Secondary free fluid was noted. The gallbladder and common bile duct were unremarkable.



**PATIENT**

**Gastrointestinal**

Buddy Powers

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

Lab Retriever Mix

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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**ULTRASONOGRAPHIC FINDINGS**

Diffuse hepatic neoplasia. Cavitated and parenchymal masses with emphysematous involvement. Some level of abscessation is likely.

**WEIGHT**

58 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

CT evaluation of the liver could be considered for further definition. However, subjectively the mass does not appear resectable. FNA of the liver would be recommended. I suspect hepatocellular carcinoma, hepatic sarcoma or hemangiosarcoma are all possible.

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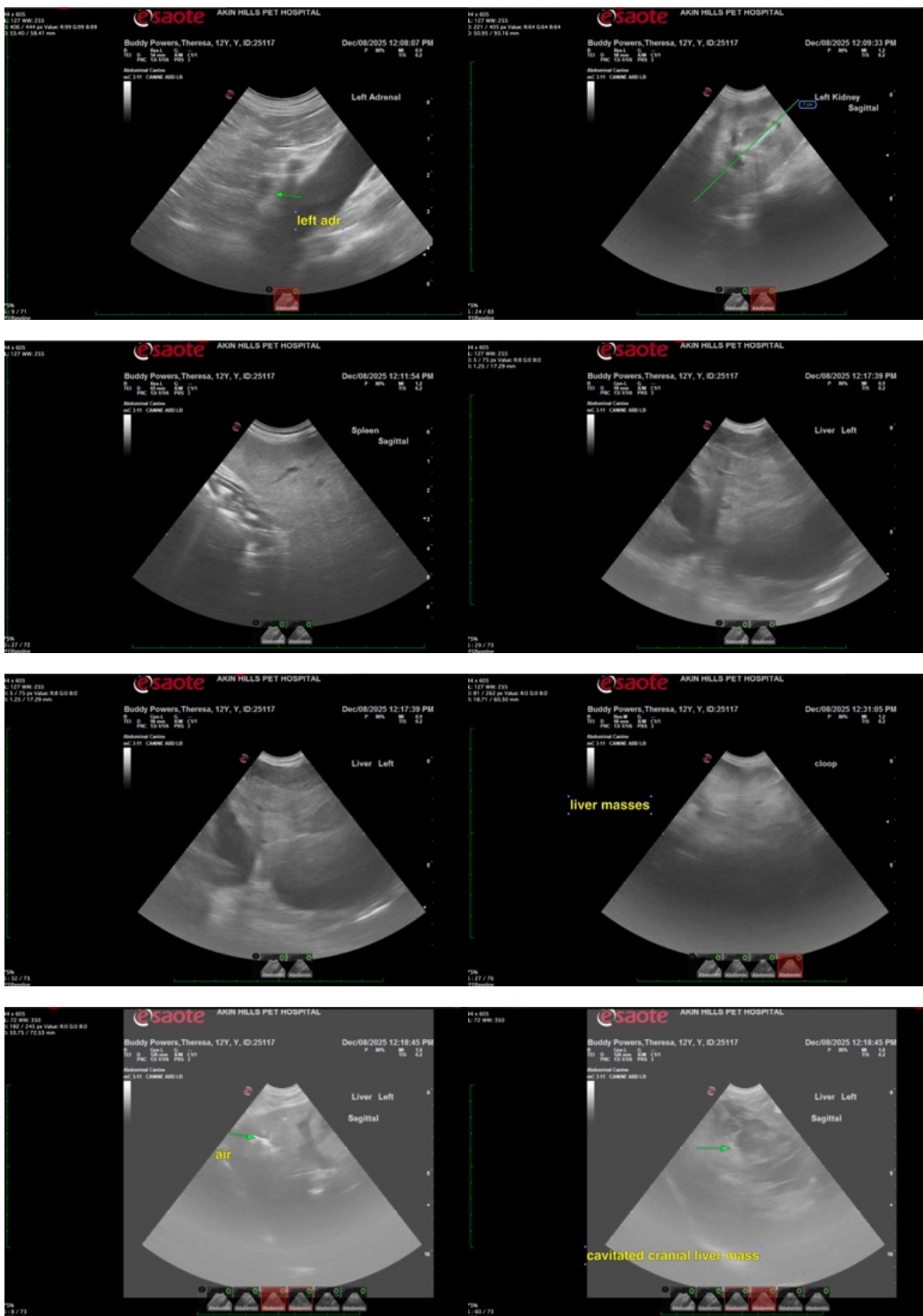
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)