

**PATIENT**

Buddy Hosek

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

MN

**AGE**

6 years

**WEIGHT**

59.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

The Ark VC

**REFERRING VET**

Dr. Sangl

**INVOICE**

13022

**DATE**

1/11/22

**PRESENTING CLINICAL SIGNS**

Unknown cause of losing weight, lethargy, constipation. Looking for possible signs of cancer (lymphoma in particular), any free fluid in abdomen, etc. Looking for causes of poor kidney function. Current medications-Prednisone 20mg 1/2 tablet SID, gabapentin and trazodone PRN, 1.6mL furosemide given IV and cerenia inj. 2.7mL given SQ  
Abnormal PE/Chem/CBC/UA Results: Hypothyroid, elevated calcium levels, elevated BUN/SDMA/CREA (emailing bloodwork) SG of 1.012 on UA

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild dependent mineral and nondependent, particulate sediment were present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No overt pathology was noted in the area of the residual prostate.

No evidence of pathology, including no evidence of medial iliac or sublumbar lymphadenopathy, was noted in the area of the iliac trifurcation.

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 7.4 cm in length. The right kidney measured 7.4 cm in length.

**Adrenal Glands**

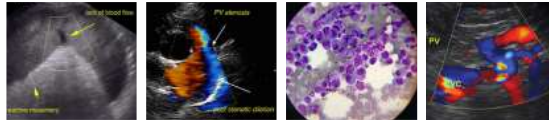
The bilateral adrenal glands were mildly subnormal in size likely owing to Prednisolone therapy. The left adrenal gland measured 0.46 cm width at the caudal pole and 0.42 cm width at the cranial pole. The right adrenal gland measured 0.53 cm width at the caudal pole.

**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/ Gallbladder**

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



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. 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 was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.45 cm.

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. The duodenum wall width measured 0.49 cm. The jejunum wall width measured 0.30 cm.

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 were evident.

**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal effusion were present.

Brief sonographic assessment of the heart and adjacent thorax revealed a nonhomogeneous mass lesion within the pericardial thorax or potentially in the cranial mediastinum, measuring approximately 6.4 cm in diameter. No evidence of concurrent pleural or pericardial effusion was noted. Subjectively normal cardiac structure and function was noted.

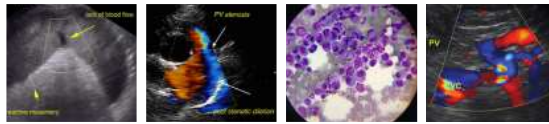
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Mild urinary bladder mineral and particulate sediment
- Mild bilateral subnormal adrenal size - likely owing to Prednisolone therapy
- Otherwise, sonographically unremarkable abdomen without intraabdominal neoplastic criteria
- Thoracic or potential cranial mediastinal nonhomogeneous mass lesion

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three view chest radiographs are recommended if not done. Assuming normal clotting status, ultrasound-guided FNA of the thoracic or potential cranial mediastinal mass lesion is warranted for screening cytology with potential for oncology consultation if a neoplastic process is confirmed.



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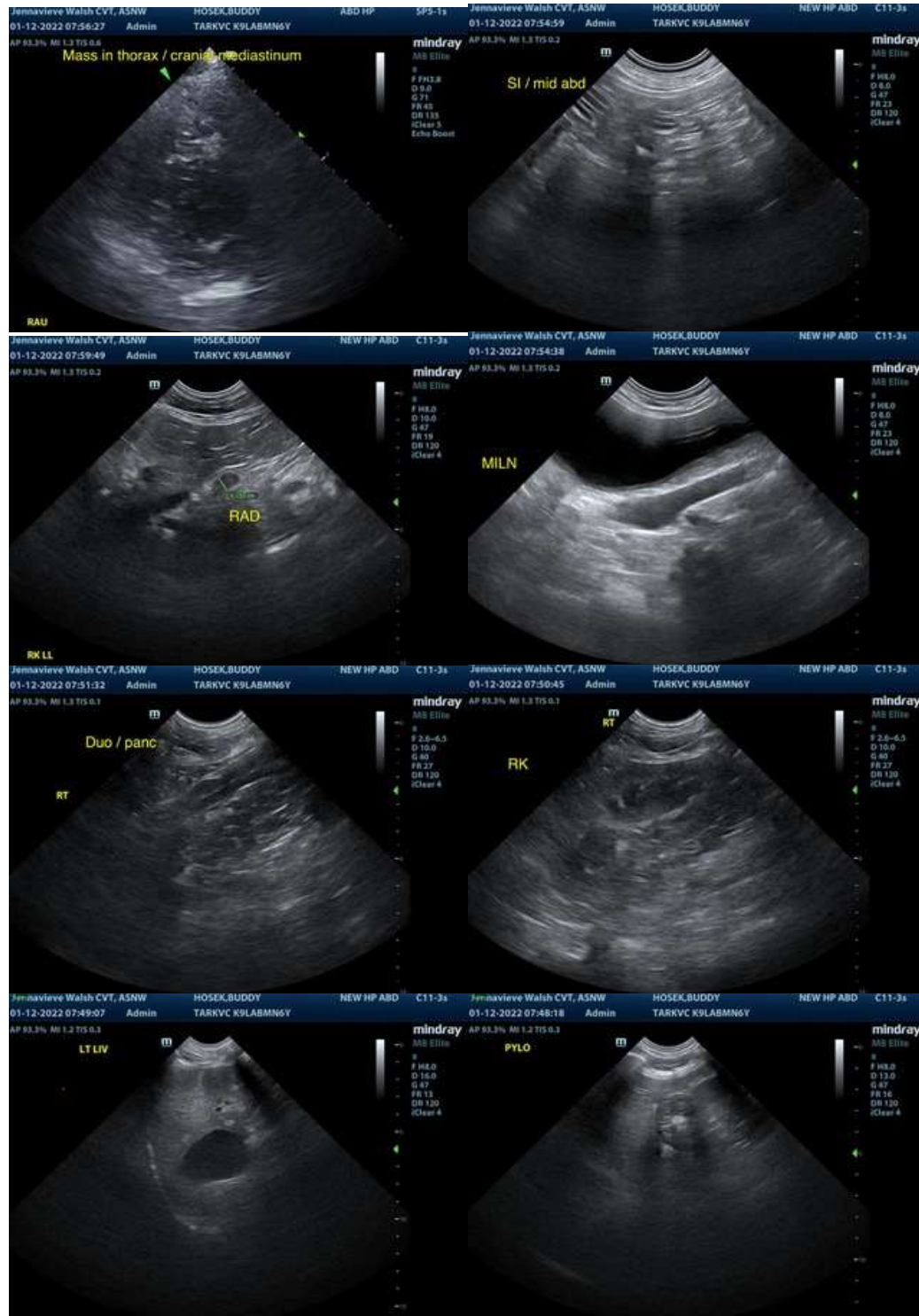
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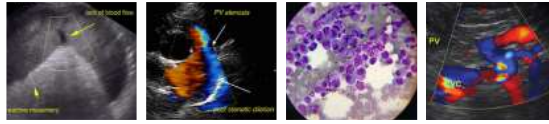
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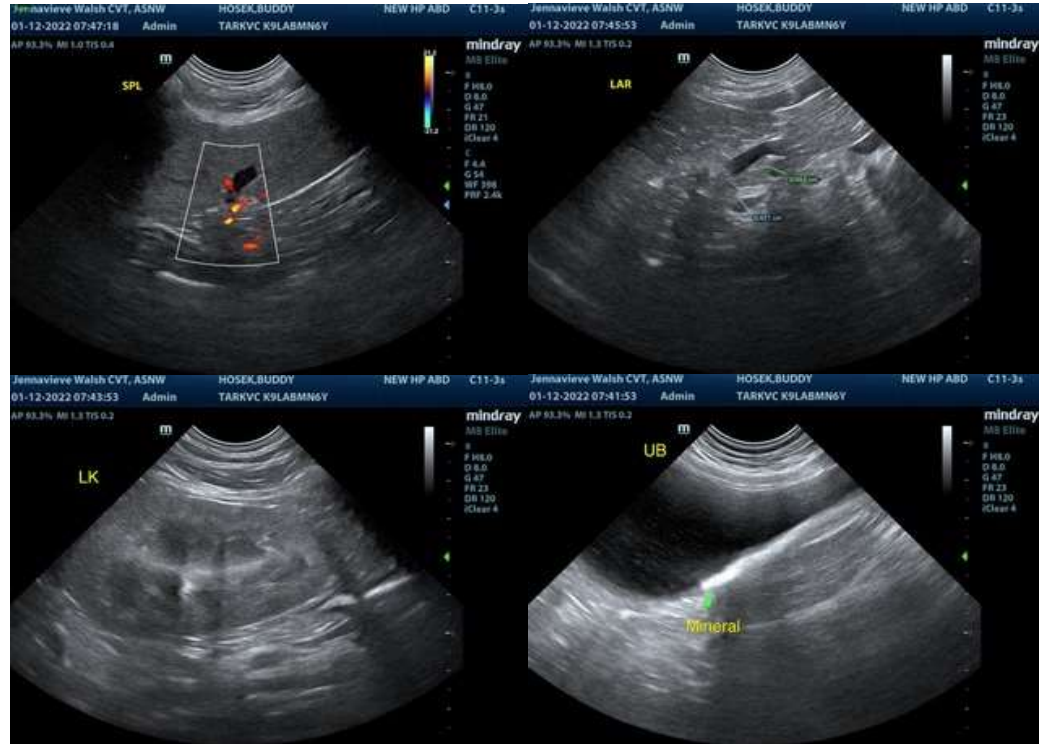
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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