



**PATIENT**

Tango Guiteirrez

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

38.6 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Buck Animal Hospital

**REFERRING VET**

Dr. Calvise

**INVOICE**

13192

**DATE**

01/16/26

**PRESENTING CLINICAL SIGNS**

Findings: - Lost 8kg in 3 months - Not really eating for about 1 month - Very small bowel movements - Was vomiting - Had a fever last week - seems uncomfortable Current Medications Cerenia

Abnormal PE/Chem/CBC/UA Results: UREA 1.8 K 3.4 Radiographic Findings NA Primary Question to Be Answered in This Exam cancer vs pancreatitis vs other

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate sediment was present with mild accumulated dependent lumen mineral to small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate gland was mildly enlarged in size exhibiting nonhomogenous focally hyperechoic to mineralized parenchyma The residual prostate measured 5.6 cm x 3.6 cm.

Normal size and margination was 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 6.3 cm in length. The right kidney measured 6.7 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 0.61 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width at the caudal pole.

**Spleen**

The spleen presented normal in size with symmetrical contour and mild nonhomogenous parenchyma. A mildly expansive mid splenic hypoechoic nodule was visualized without associated capsule distortion measuring 1.5 cm in diameter.

**Liver & Gallbladder**

The liver revealed generalized hepatomegaly with an irregular to expansive nonhomogenous mid liver mass measuring approximately 8.0 cm in diameter.

The gallbladder was non distended in size with moderate congealed nonorganized biliary sludge. The common bile duct was not visualized.

**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.



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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.

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**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.

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**Free Abdomen**

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Mid abdomen mesenteric lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example of the lymph nodes measured 3.6 cm x 2.6 cm. No overt peritoneal effusion was visualized.

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Brief subjective cardiac assessment revealed a mildly enlarged hyperechoic peripheral pulmonary nodule or lymph node measuring 2.3 cm in diameter.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Hepatomegaly with liver mass.
- Hypoechoic to swollen mid abdomen mesenteric lymphadenopathy.
- Sonographically unremarkable gastrointestinal tract.
- Pericardial to peripheral pulmonary nodule versus lymph node.

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**Secondary Findings**

- Nonorganized gallbladder debris (non-mucocele).
- Urinary bladder mineral/small calculi with urine sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately, multicentric neoplastic criteria is present with considerations including non-specific sarcoma i.e. histiocytic sarcoma given breed or round cell neoplasia as primary considerations. FNA cytology of accessible lymph node, liver mass, splenic nodule (assuming normal clotting status) could be considered for further clarification and oncology consult.

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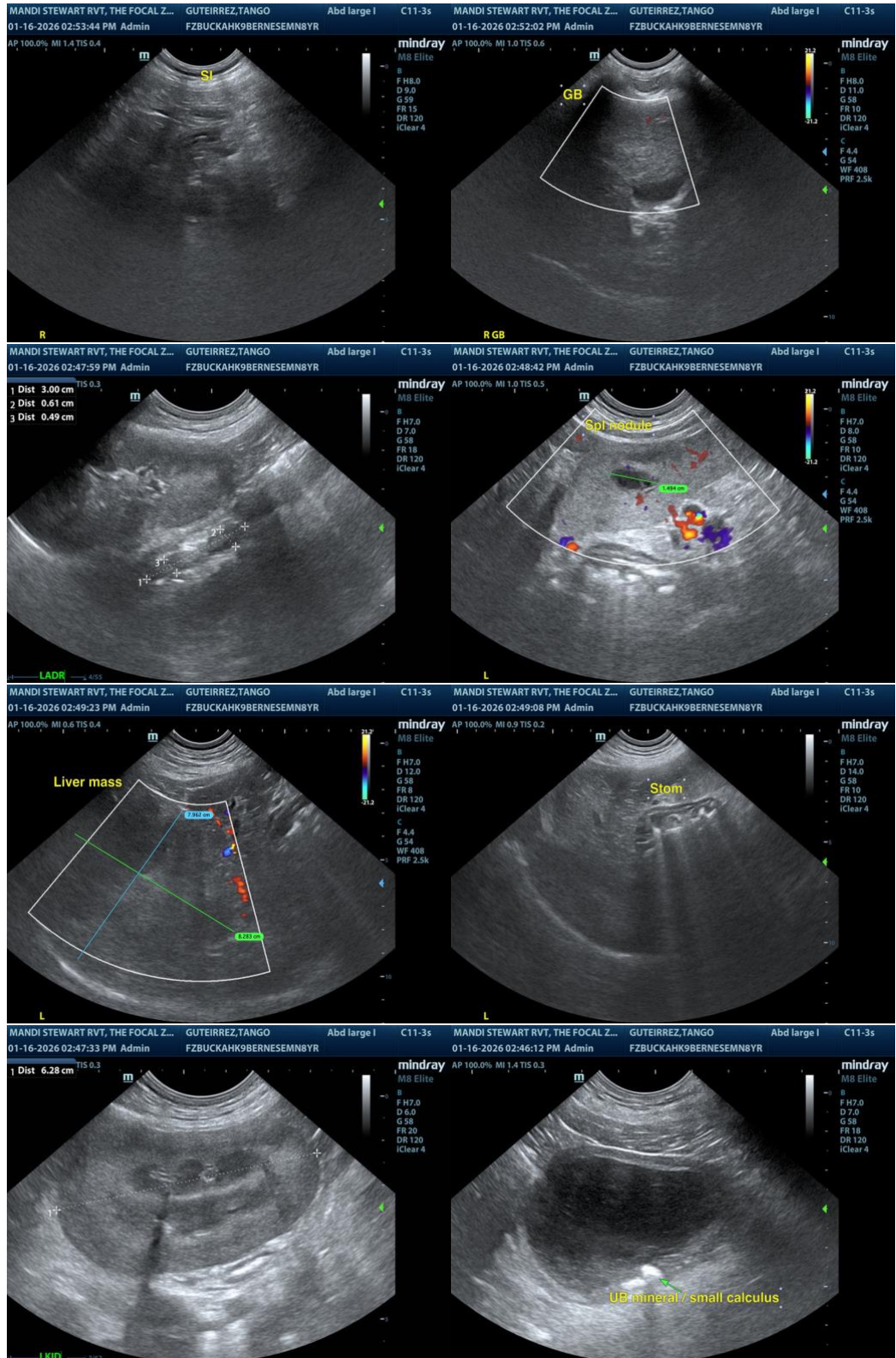
Dr. Calvise

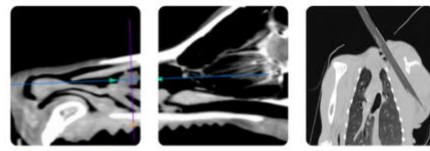
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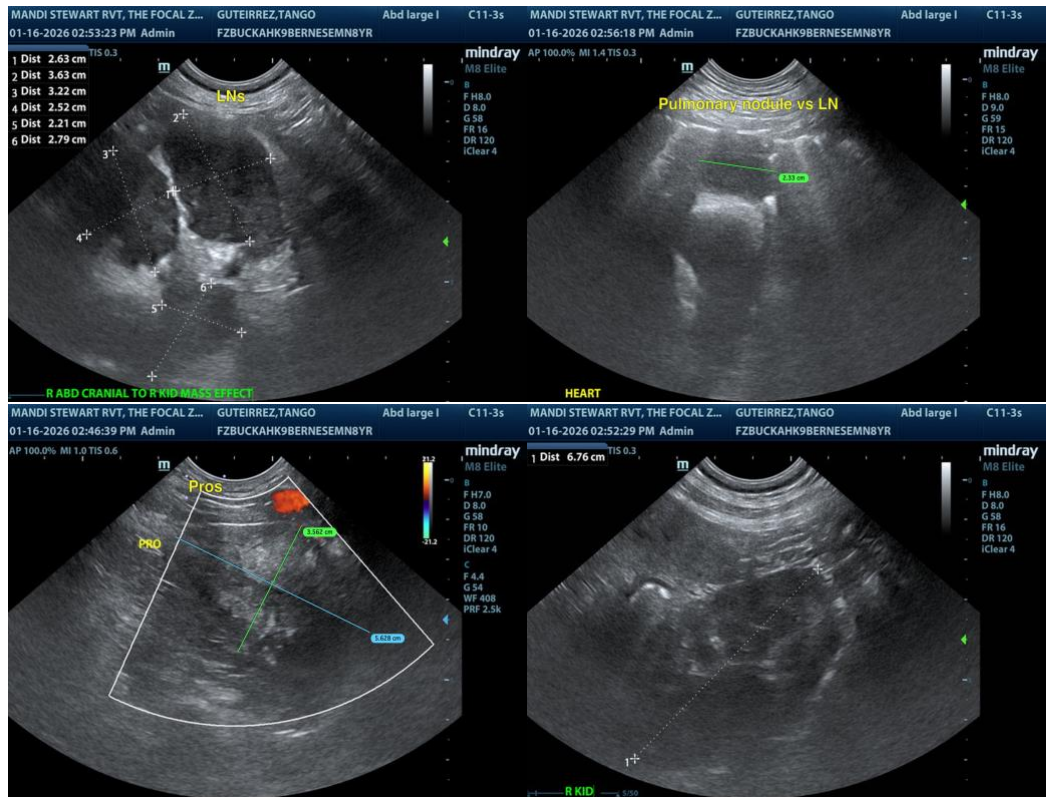
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)