



PATIENT

Buck Danielson

SPECIES

Canine

BREED

Chesapeake Bay
Retriever

SEX

M/N

AGE

9y, 7m

WEIGHT

96.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kellie Pesola

HOSPITAL NAME

Stuga North VC

REFERRING VET

Dr. Emily Angal

INVOICE

10495

DATE

12/19/25

PRESENTING CLINICAL SIGNS

weight loss, weakness in hind end, lethargy, hypercalcemia of malignancy (ruled out parathyroid related).

Abnormal PE/Chem/CBC/UA Results: Ca 12.2, PLT 20

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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was sonographically normal.

No evidence of medial iliac or sublumbar lymphadenopathy/masses.

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 7.4 cm in length. The right kidney measured 7.5 cm in length.

Adrenal Glands

The adrenal glands were indistinctly visualized with no obvious evidence of adrenal pathology. The left adrenal gland subjectively measured 0.75 cm width. The right adrenal gland subjectively measured 0.62 cm width.

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 mildly enlarged in size. Normal hepatic vascular volume was present. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily



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anechoic content with mild, 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 was empty without evidence of retained ingesta, fluid, 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 area of the pancreas was sonographically normal.

Free Abdomen

No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal spleen
- Mild non-congested hepatomegaly
- Minor nonorganized gallbladder debris (non mucocele)
- Normal gastrointestinal tract
- Mild age-related renal changes
- Overtly normal bilateral adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of visceral pathology, specifically no definitive evidence of intrabdominal primary or metastatic neoplastic criteria. The mild hepatomegaly sonographically suggests benign criteria. Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology to assess for occult disease could be considered, given hypercalcemia. Correlation with, if not done, three-view chest radiographs, rectal palpation, a GI panel to include PLI/TLI/Cobalamin/Folate, and thorough neurological / musculoskeletal examination to assess for non-obvious disease as a contributing factor, is suggested.



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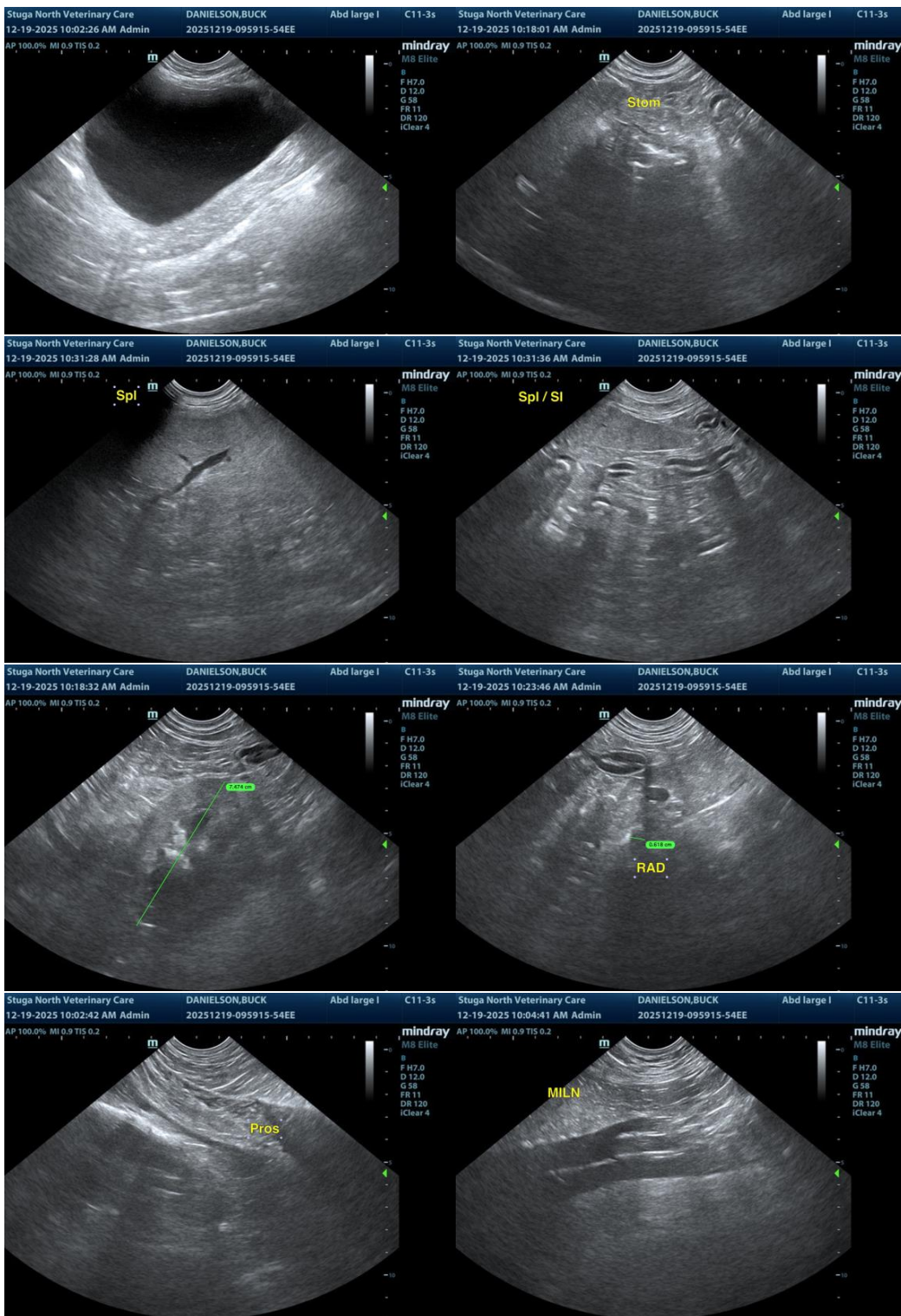
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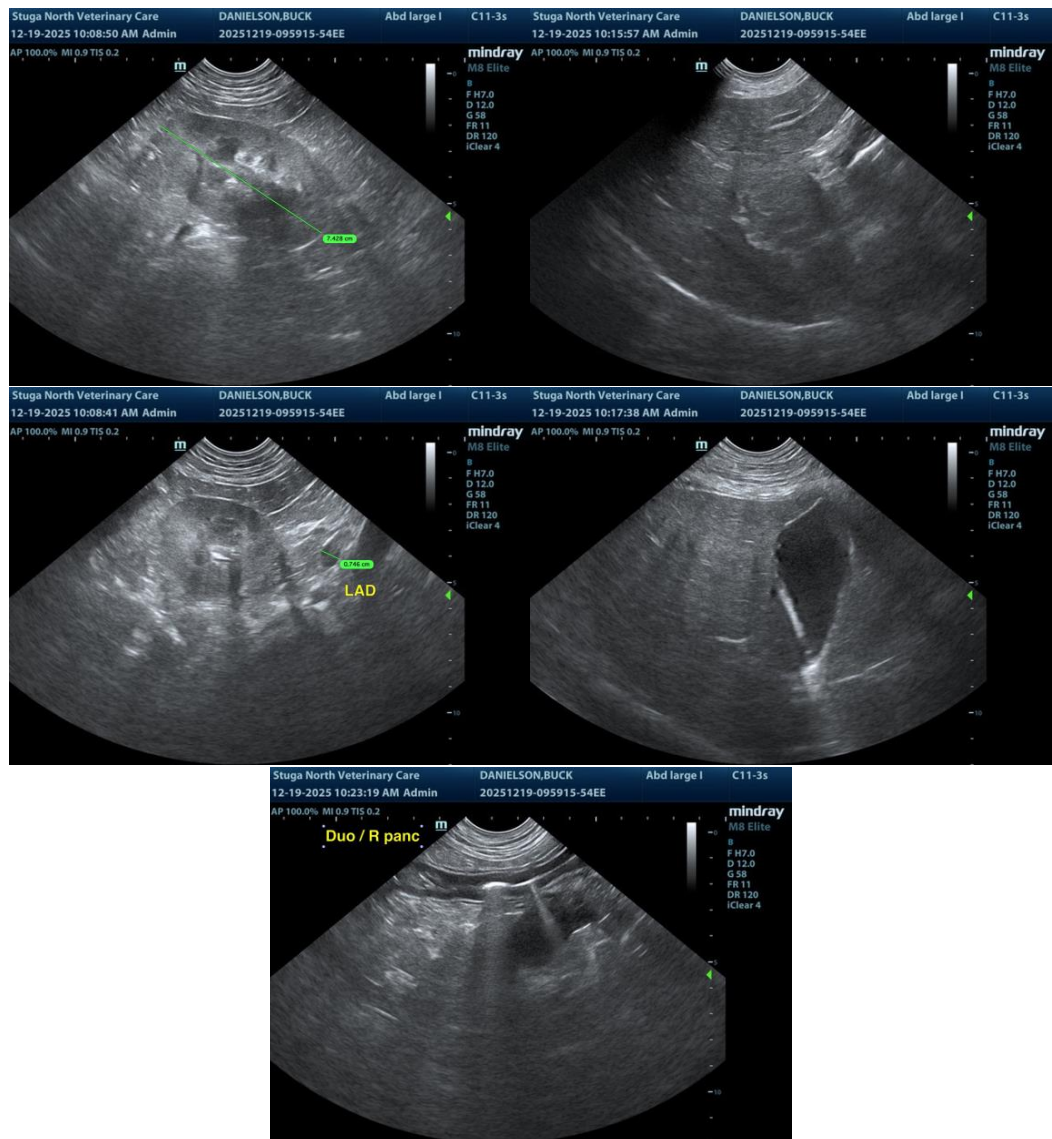
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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