

PATIENT

Hank Burton

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male Neutered

AGE

6y 3m

WEIGHT

38.5 kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Brandywine Valley VH

REFERRING VET

Courtney Mooney,
VMD

INVOICE

13316

DATE

3/24/26

PRESENTING CLINICAL SIGNS

History:

- AUS to further evaluate hyporexia, ADR/weight loss and polyuria/polydipsia for several weeks. Bloodwork shows hypercalcemia, azotemia, elevated LES (ALT, AST, ALP). Rectal exam - anal glands wnl/no anal masses or lymphadenopathy, not able to fully assess prostate (no straining to urinate or defecate). CXR- cranial thoracic/mediastinal mass. Hank's dad (Boxer) died of prostate cancer.
- Meds: Cerenia 90mg PO SID & Gabapentin 300mg PO SID-BID

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 63.7% H, mild eosinopenia, lymphopenia, monocytosis, plts 219-n - Chem: Alb 4.0 H, ALP 260 H, ALT 322 H, AST 63 H, BUN 22-n, Ca 18.9 H (8-4-11.8), phos 2.6- low norm, Cl 106 L, Cr 1.7 H, SDMA 20H - T4: 1.6-n - UPC 0.5- borderline - UA: USG 1.022 L, Bili 1+, Bld 1+, epi cells 4+/hpf, pH 5.5 L, Pro 2+, WBC 0-2, RBC 10-15/hpf H - Baseline cortisol 4.7 wnl - Lepto Elisa PCR -Bld, UR: Blood/urine PCR negative, Elisa pending - MSU iCal & PTH pending - PTHrp reagent on back order - CXR: Cranial thoracic mass, suspected mediastinal mass.

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 area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

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 7.6 cm in length. The right kidney measured 6.4 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 0.53 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 0.62 cm width at the caudal pole.

Spleen

Mildly expansive, non-homogeneous, hypoechoic caudal splenic nodule was present measuring 1.3 cm in diameter.



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Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. 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. Non-capsule deforming, mildly hypoechoic intraparenchymal nodule was present measuring 1.5 cm in diameter. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Heart

A brief subjective cardiac assessment revealed normal left and right heart chamber dimension with adequate LV systolic function. Within the pericardial thorax, a non-homogeneous hypoechoic thoracic mass was present measuring ~9.0 cm x 6.5 cm. No overt visualized pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Mildly expansive splenic nodule
- Hepatopathy with a hypoechoic intraparenchymal nodule
- Mild gallbladder debris (non-mucocele)
- Sonographically normal gastrointestinal tract
- Subjective normal cardiac structure/function
- Thoracic mass
- Sonographically normal bilateral kidneys/adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic mass is consistent with probable neoplastic criteria with concern for multicentric thoracic and focal splenic neoplasia. The hepatopathy and hypoechoic liver nodule were nonspecific, and it may indicate metabolic, reactive vacuolar inflammatory or non-obstructive cholestatic hepatopathy, nodular hyperplasia or lipogranuloma while potential for early hepatic nodular metastasis is not definitively excluded. Assuming normal clotting status, thoracic mass and splenic nodule F NA cytology using 25-gauge needle warranted for further clarification and potential for oncology consult.



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Gastrointestinal support is recommended.

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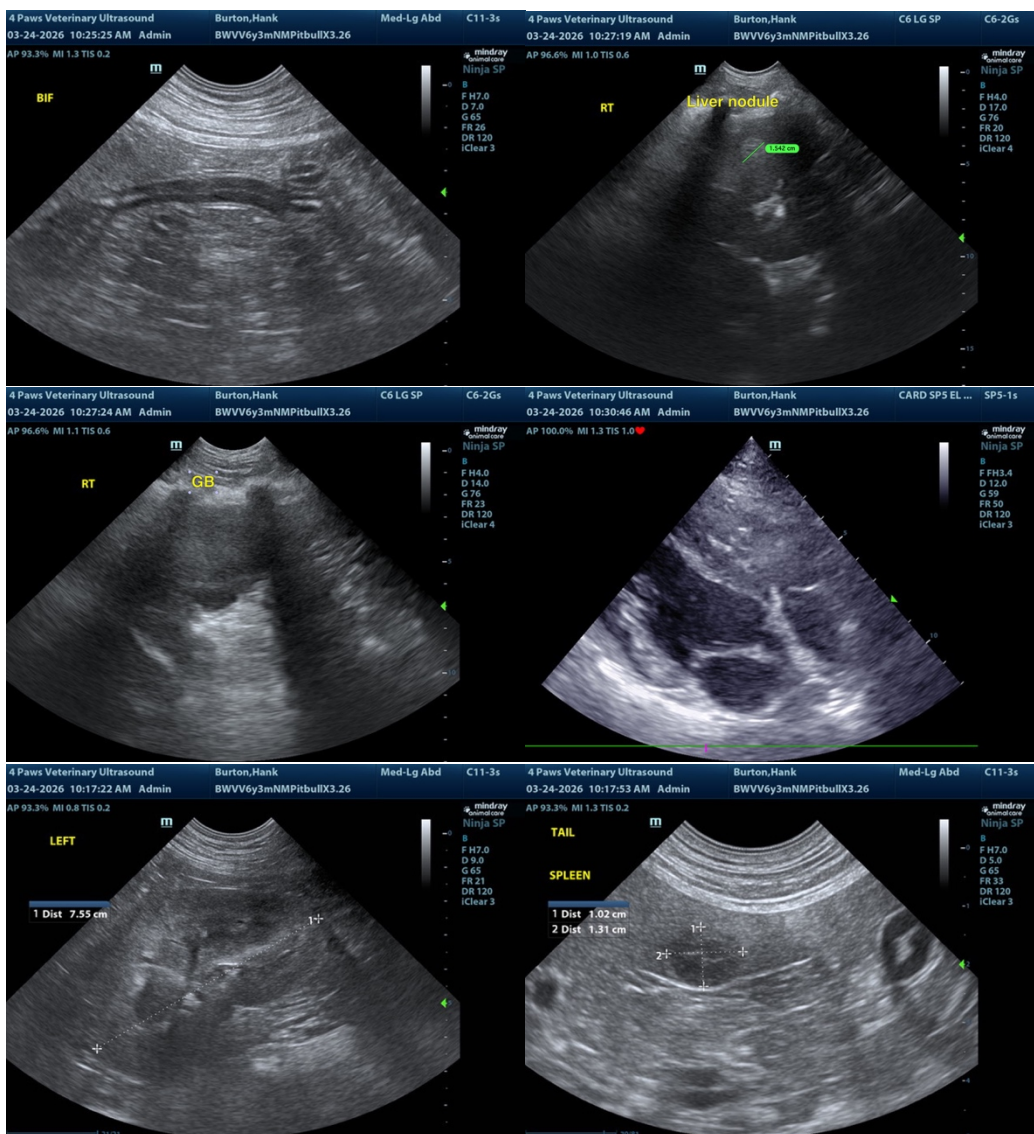
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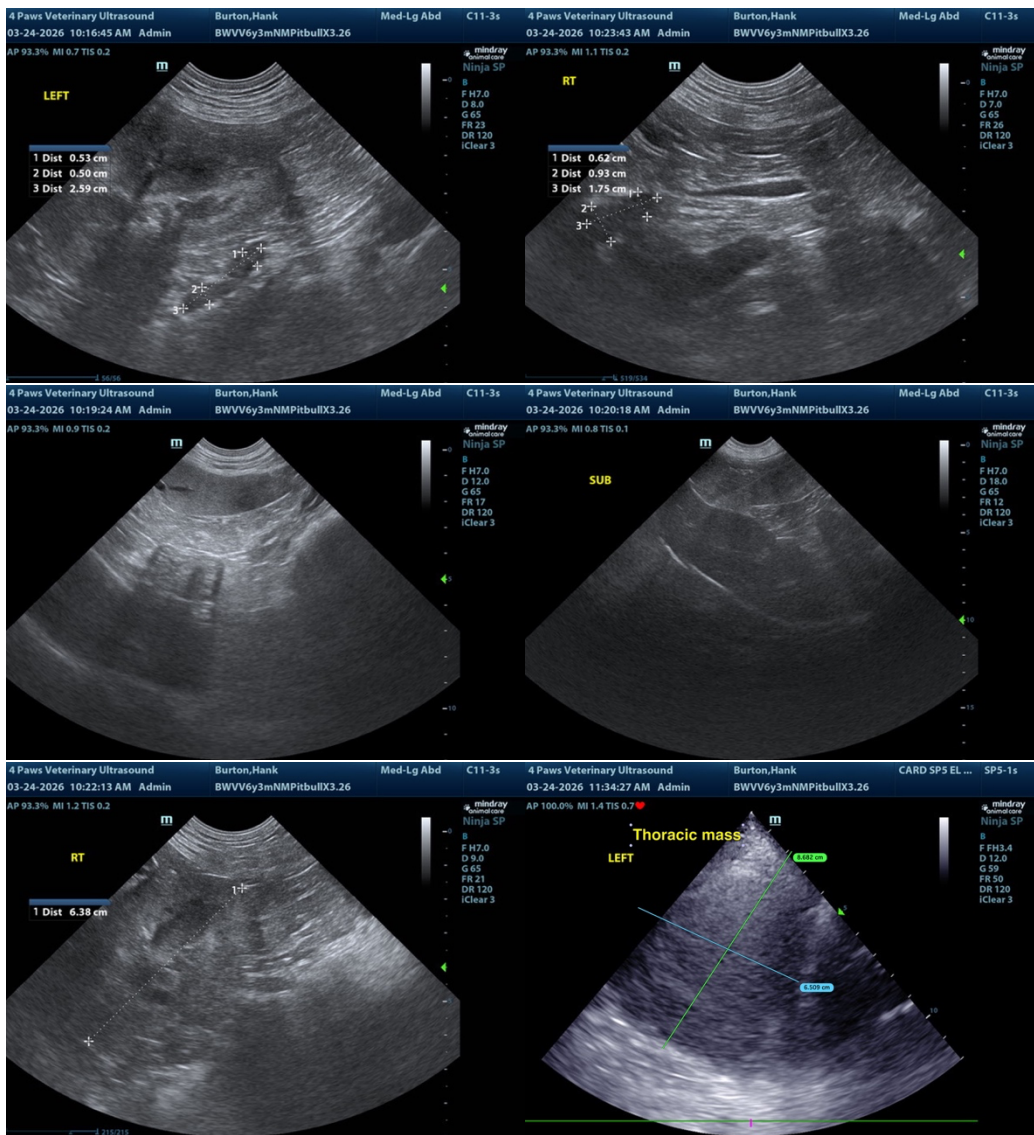
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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