



PATIENT

Olaf Valentin

SPECIES

Canine

BREED

Golden Lab/Pitbull Mix

SEX

Neutered Male

AGE

11 Years 1 Month

WEIGHT

33.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Renee Trionfetti VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Exeter Veterinary
Hospital

INVOICE

16169

DATE

05/13/26

PRESENTING CLINICAL SIGNS

Thoracic ultrasound to further evaluate for soft tissue opacity in cranial lung fields appreciated on radiographs with a nodular pattern in various lobes. AUS to further evaluate weight loss (10 lbs in 2 mos), lethargy, diffusely thickened SI, and increased ALP, hepatomegaly. Also screen for possible origin on ST-opacity seen in lungs (poss metastatic disease).

Abnormal PE/Chem/CBC/UA Results: rDVM reported diagnostics: - CXR: Thorax: Diffuse St opacity in cranial lung lobes. Moderate to severe bronchial pattern in caudal lung lobes. 2-3 nodular ST opacities in various lobes. Abd.: Diffusely thickened intestines. Stomach wall mildly thickened. No obvious FB or free fluid observed. P did not tolerate being ventral, performed D/V x-rays instead - Chem: ALP 469 H, normal ALT/AST, Glob 3.7-mild H, Alb 3.5-n, remainder NS - CBC: Hct 44%, plts 530 H, mild lymphocytosis, remainder NSF - T4: < 0.5 L - UA: USG: 1.024, pH 7.5 H, Pro 3+, WBC 4-10/hpf

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX & 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. 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 change were noted.

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

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was 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 7.2 cm in length.

Adrenal Glands

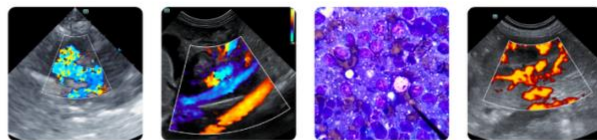
The bilateral adrenal glands revealed variable adrenomegaly. Asymmetrical contour exhibiting nonhomogenous indistinctly nodular nonmineralized parenchyma. The left adrenal gland measured 5.1 cm length x 1.2 cm width in the caudal pole. The right adrenal gland measured 3.2 cm length x 0.73 cm width in 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 presented subjective enlarged in size with primarily symmetrical capsule contour. A noncapsule deforming nonhomogenous hypoechoic right intraparenchymal mass was visualized measuring approximately 6.1 cm in diameter. A separate noncapsule deforming mildly



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nonhomogenous hyperechoic left ventrocaudal intraparenchymal nodule was present measuring 2.0 cm in diameter. Normal vascular volume without evidence of overt congestion.

The gallbladder was non distended in size with mild nonorganized 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

Subjective cardiac assessment revealed overall normal cardiac structure/function with adequate LV contractility and normal bi-atrial dimension. Mild pericardial effusion without evidence of current cardiac tamponade. An indistinctly visualized yet suspect nonhomogenous mass in the area of the heart base was present measuring approximately 5.0 cm to 6.0 cm in diameter. Subjective mildly prominent irregular right auricular appendage without definitive right atrium/right auricular mass. An indistinctly marginated yet subjective moderate to large mixed echogenic to nonhomogenous cranial thoracic mass was visualized measuring approximately 7.0 cm to 8.0 cm in diameter. Concurrent intermittent peripheral pulmonary nodules were observed with surrounding aerated lung exhibiting mild pulmonary comet tail artifact. An example of peripheral pulmonary nodule measured 1.5 cm in diameter. No definitive visualized pleural effusion.

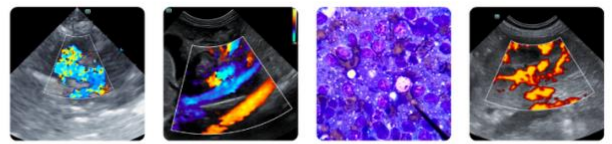
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Noncongested hepatomegaly with intraparenchymal mass/nodule.
- Indistinctly marginated cranial thoracic mass with concurrent intermittent peripheral pulmonary nodules.
- Subjective normal cardiac structure/function.
- Indistinct yet suspect mass in the area of the heart base with concurrent pericardial effusion-no current cardiac tamponade.

Secondary Findings

- Bilateral mild chronic renal changes.
- Bilateral mild irregular nonhomogenous indistinctly nodular adrenomegaly.



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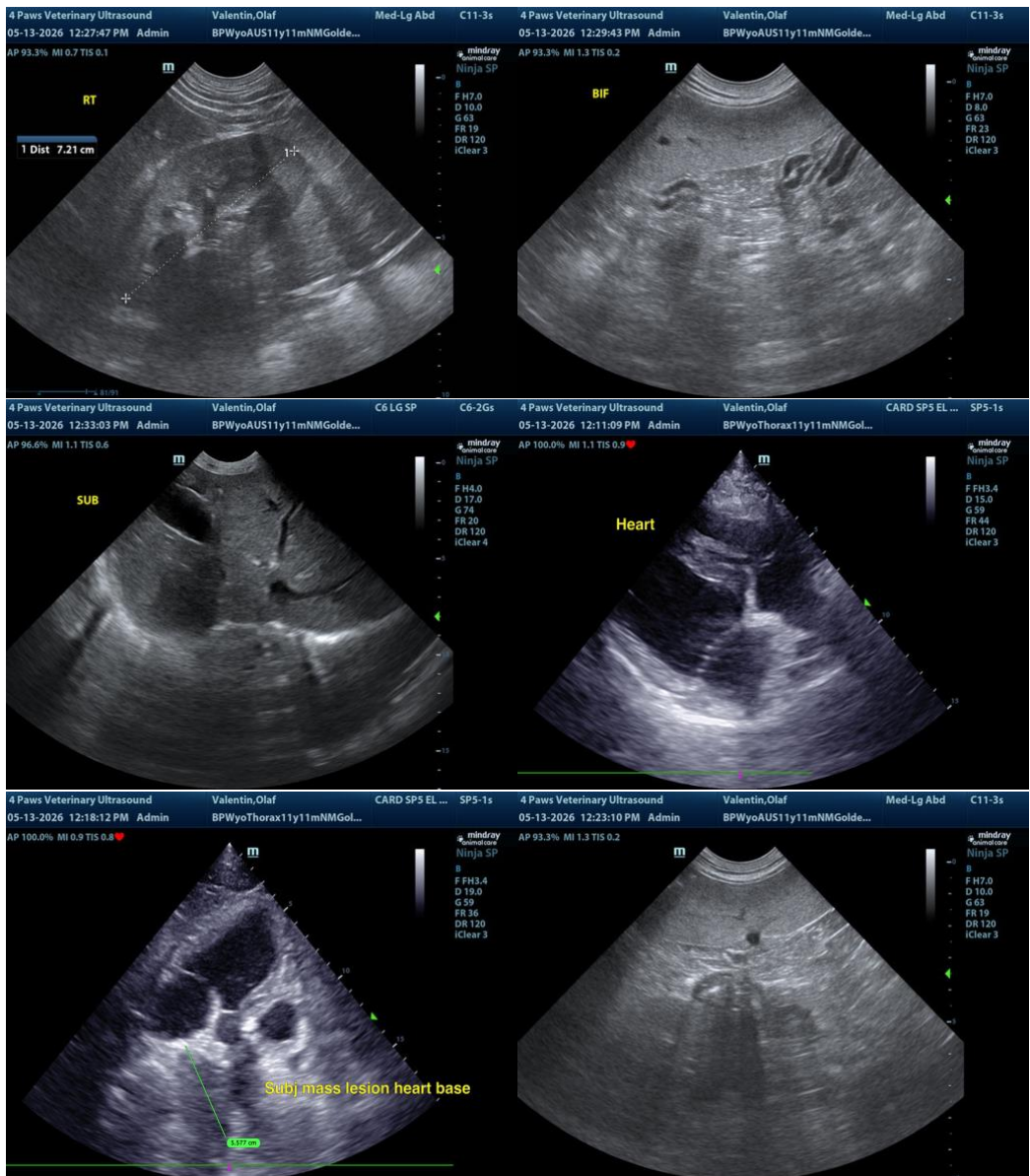
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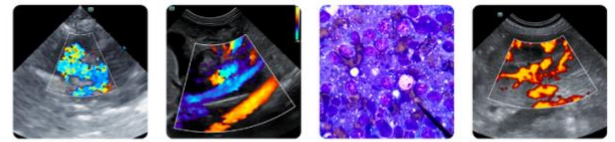
- Sonographically normal gastrointestinal tract/spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, multicentric neoplastic criteria involving the thoracic cavity, suspect heart base and liver is met. Non-neoplastic multicentric disease such as granulomatous, infectious or inflammatory disease is considered less likely.

Further assessment may include (assuming normal clotting status) thoracic mass +/- peripheral pulmonary nodule, and if accessible, liver mass FNA cytology.





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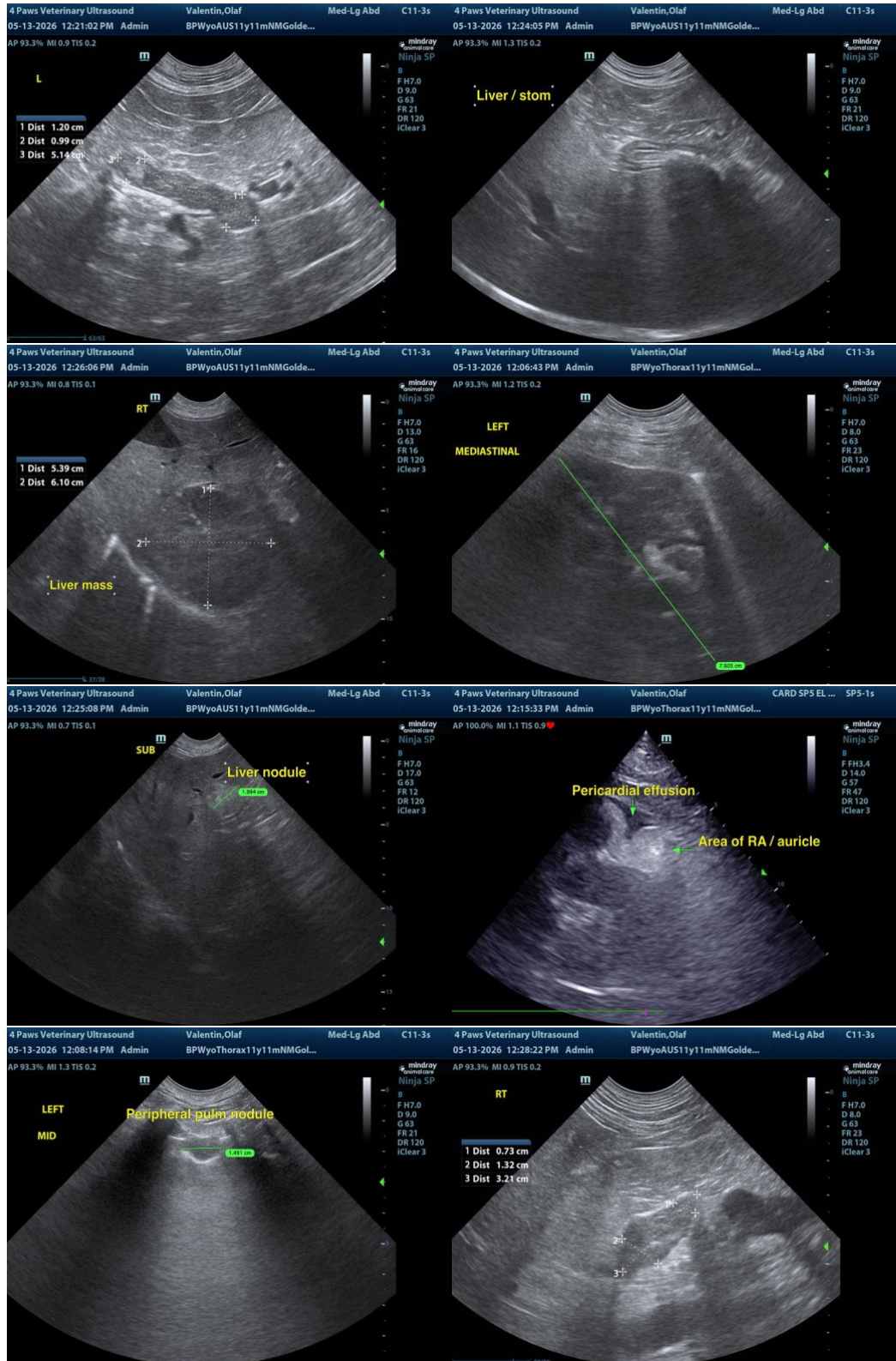
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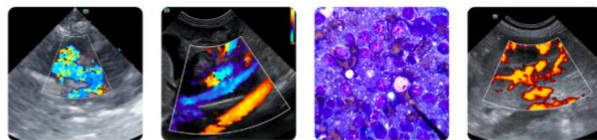
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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