



PATIENT	PRESENTING CLINICAL SIGNS
Buster Ploucha	Came in Because not wanting to eat, occasionally will only eat treats. Doing blood work, Found Suspected Lung mass. Gained weight
SPECIES	Abnormal PE/Chem/CBC/UA Results: Lung mass in Radiographs 5/28/2026, Sent out Senior Panel- SDMA, CBC, CHEM, Accuplex and keyscreen: waiting on results
Canine	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Bernedoodle	<i>Urinary System</i>
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild particulate nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic mural changes was noted.
MN	
AGE	The area of the residual prostate appeared normal and free of pathology.
5Y, 9M	No evidence of pathology in the area of the aortic trifurcation.
WEIGHT	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 7.9 cm in length. The right kidney measured 7.2 cm in length.
103.0lbs	
INTERPRETED BY	<i>Adrenal Glands</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 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.
IMAGING PERFORMED BY	<i>Spleen</i>
Ashley Whitesell	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary small nonexpansive hypoechoic mid splenic nodule is present measuring 0.53 cm diameter. 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.
HOSPITAL NAME	<i>Liver/ Gallbladder</i>
Dickson Animal Clinic	The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Ashley Whitesell	
INVOICE	<i>Gastrointestinal</i>
75191	
DATE	
5-28-26	



PATIENT

Buster Ploucha

SPECIES

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Bernedoodle

SEX

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta consistent with food echogenicity without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing intestinal ingesta is present consistent with food echogenicity. No signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with 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.

ULTRASONOGRAPHIC FINDINGS

- Overall sonographically normal abdomen.
- Small nondisruptive hypoechoic splenic nodule – tend to trend benign with focal lymphoid hyperplasia or hematopoiesis probable.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology such as neoplasia as a potential cause or related to the suspected lung mass. Sonographic monitoring of the splenic nodule for evidence of progression with initial recheck in 4 weeks is recommended.

Correlation with pending labwork and urinalysis with C/S suggested if evidence of inflammatory urinary sediment.





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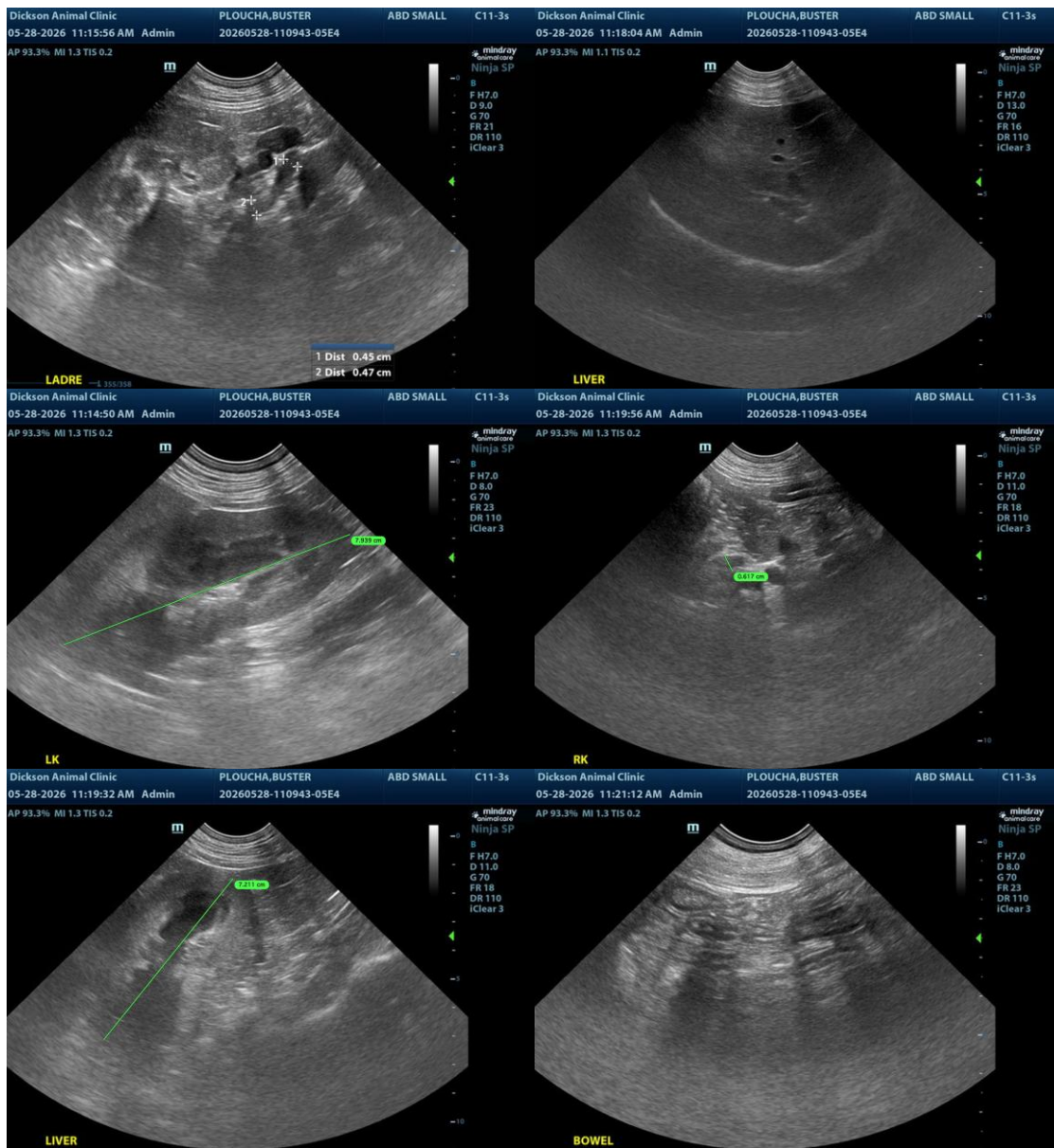
Ashley Whitesell

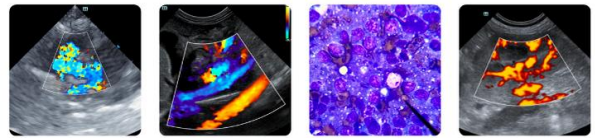
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com