



## PATIENT

Madison Hynick

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed female

## AGE

9 years

## WEIGHT

89 lbs

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

John Bucha, VMD

## HOSPITAL NAME

Harveys Lake VC

## REFERRING VET

Dr. Bucha

## INVOICE

68971

## DATE

11/24/25

## PRESENTING CLINICAL SIGNS

History: We saw Madison on 11-21-25 for a second opinion on her. 2 days prior she vomited 2 times, stool was normal, she started eating the next day. Owner saw there was a mass in the abdomen after a Radiograph from another veterinary hospital. CBC and CHEM bloodwork is attached. Abnormal PE/Chem/CBC/UA Results: Chem and CBC results are attached in the files

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine present. A small urolith is evident and measured 0.8 cm in size.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal left renal size (8.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The right kidney was not visualized.

### *Adrenal Glands*

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.71 cm in width and 0.44 cm in width. The right adrenal gland was not visualized.

### *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.6 cm in width.

### *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

### *Gallbladder*

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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## *Gastrointestinal*

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

## *Pancreas*

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

Large, irregular, mottled echogenic and cystic mass in the cranial abdomen measuring 10 x 11 cm. Hyperechoic mesentery surrounding the mass.

## *Thorax*

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Urolith.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the abdominal mass would be neoplasia with granulomatous disease an unlikely differential diagnosis.

Although the most likely organ of origin of the abdominal mass would be the spleen, as the right kidney was not visualized primary renal neoplasia would be a differential diagnosis.

Further assessment would be FNA cytology of the mass.

Further, non-invasive assessment of the mass would be a CT scan, laparotomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.



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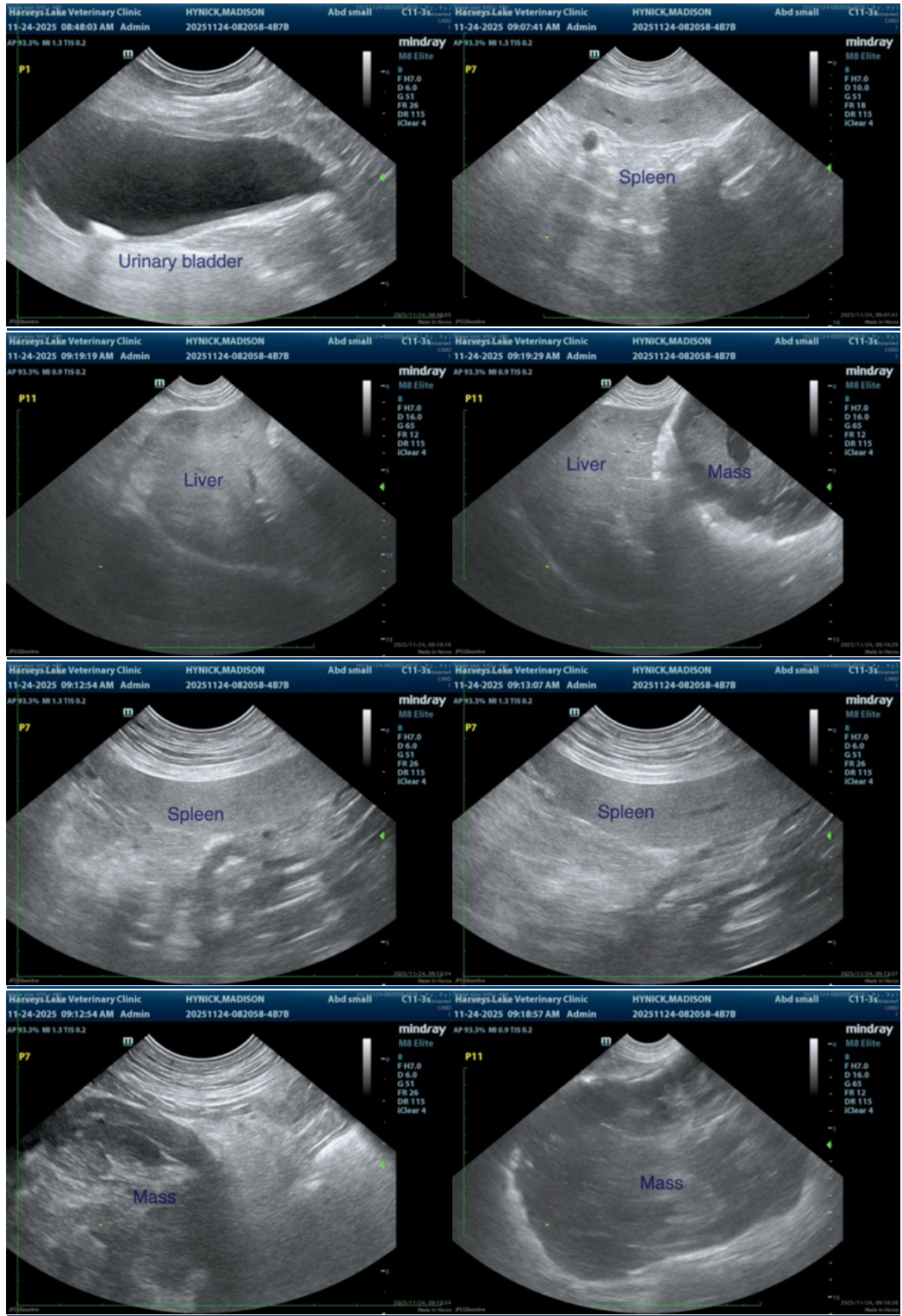
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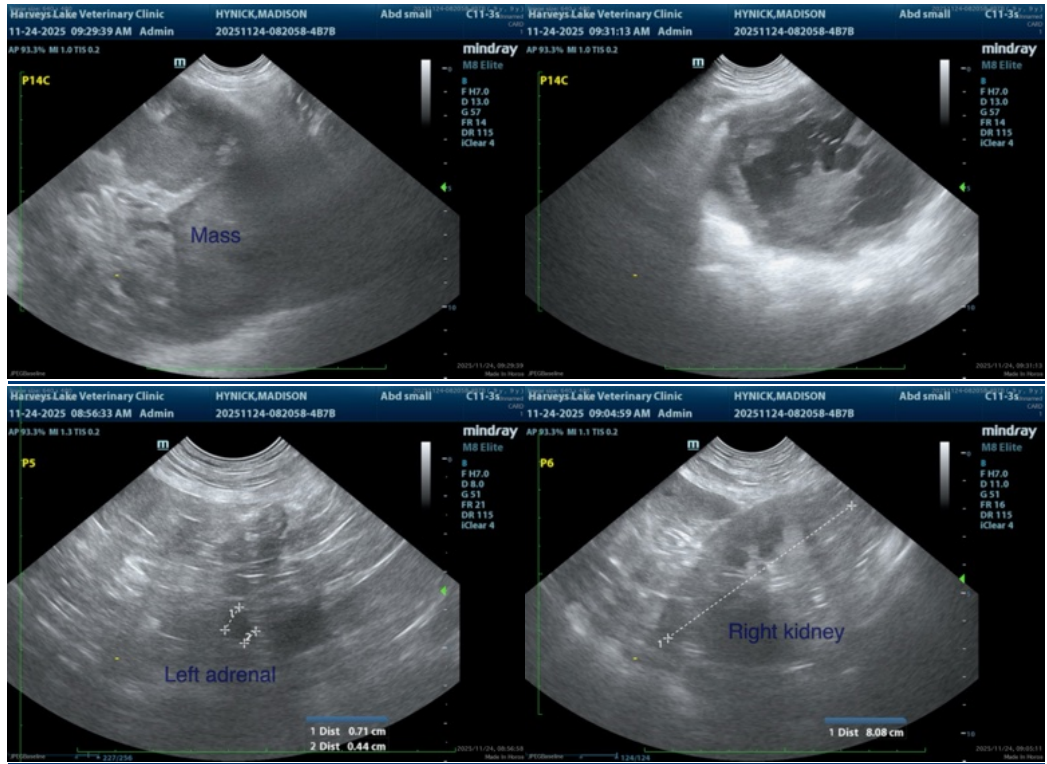
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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