



## PATIENT

Buster Asuchak

## SPECIES

Canine

## BREED

Shar Pei

## SEX

Neutered male

## AGE

10 years

## WEIGHT

58.6 lbs

## PRESENTING CLINICAL SIGNS

History: Subcutaneous mass initially evaluated in January 2026 by other veterinary practice. Mass removal performed, no other diagnostics were performed at that time. Surgical site dehisced, reported to develop an infection, healed by second intention and owner reports that mass seemed to be mostly resolving. About 1 week ago, Buster began licking at the area, owner noticed swelling around the same area of previous mass and progressed to an open sore/wound with purulent drainage. Previous DVM performed a cytology on 5/11/26 and noted round cells, no other details, had recommend amputation of the leg, started on antibiotics for 14 days (Clindamycin 150mg PO BID). Presented to Hess Ridge for second opinion and re-evaluation. History of chronic skin issues (suspect allergic dermatitis) managed with Cytopoint. No previous neoplasia. Buster had a consult with an oncologist yesterday, highly suspecting a mast cell tumor. Abnormal PE/Chem/CBC/UA Results: Multiple enlarged peripheral lymph nodes Febrile (104.1 rectal) Irregular cavitated mass with ulceration on lateral right pelvic limb, proximal to tarsal joint. Moderate swelling of distal right HL, with dried purulent discharge and multiple small draining tracts. Multiple, small firm nodules present on medial surface of right hindlimb. Multiple areas of mild erythema noted in interdigital spaces. Multiple focal areas of thinning hair with lichenification and hyperpigmentation. Chest Radiographs: Three-view chest radiographs were performed. There are no obvious signs of pulmonary nodules or metastasis. No other abnormalities within lung fields or cardiac silhouette appreciated. Chemistry and CBC unremarkable. Monocytes 1.37 (0.16-1.12)

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson RVT

## HOSPITAL NAME

Hess Ridge AH

## REFERRING VET

Dr. McAnnally

## INVOICE

75569

## DATE

5/14/26

## 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 with no sediment or uroliths evident.

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 renal size (left measured 6.3 cm, right measured 7.0 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 prostate is small and hypoechogenic measuring 1.1 cm in width.

### *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 2.27 cm in length and 0.49 cm and 0.68 cm in width. The right adrenal gland was not visualized.



## PATIENT

Buster Asuchak

## SPECIES

Canine

## BREED

Shar Pei

## SEX

Neutered male

## AGE

10 years

## WEIGHT

58.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson RVT

## HOSPITAL NAME

Hess Ridge AH

## REFERRING VET

Dr. McAnnally

## INVOICE

75569

## DATE

5/14/26

## *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 1.8 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 full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

## *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.

## ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious evidence of intraabdominal neoplasia.



**PATIENT**

Buster Asuchak

**SPECIES**

Canine

**BREED**

Shar Pei

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

58.6 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Quinn Robinson RVT

**HOSPITAL NAME**

Hess Ridge AH

**REFERRING VET**

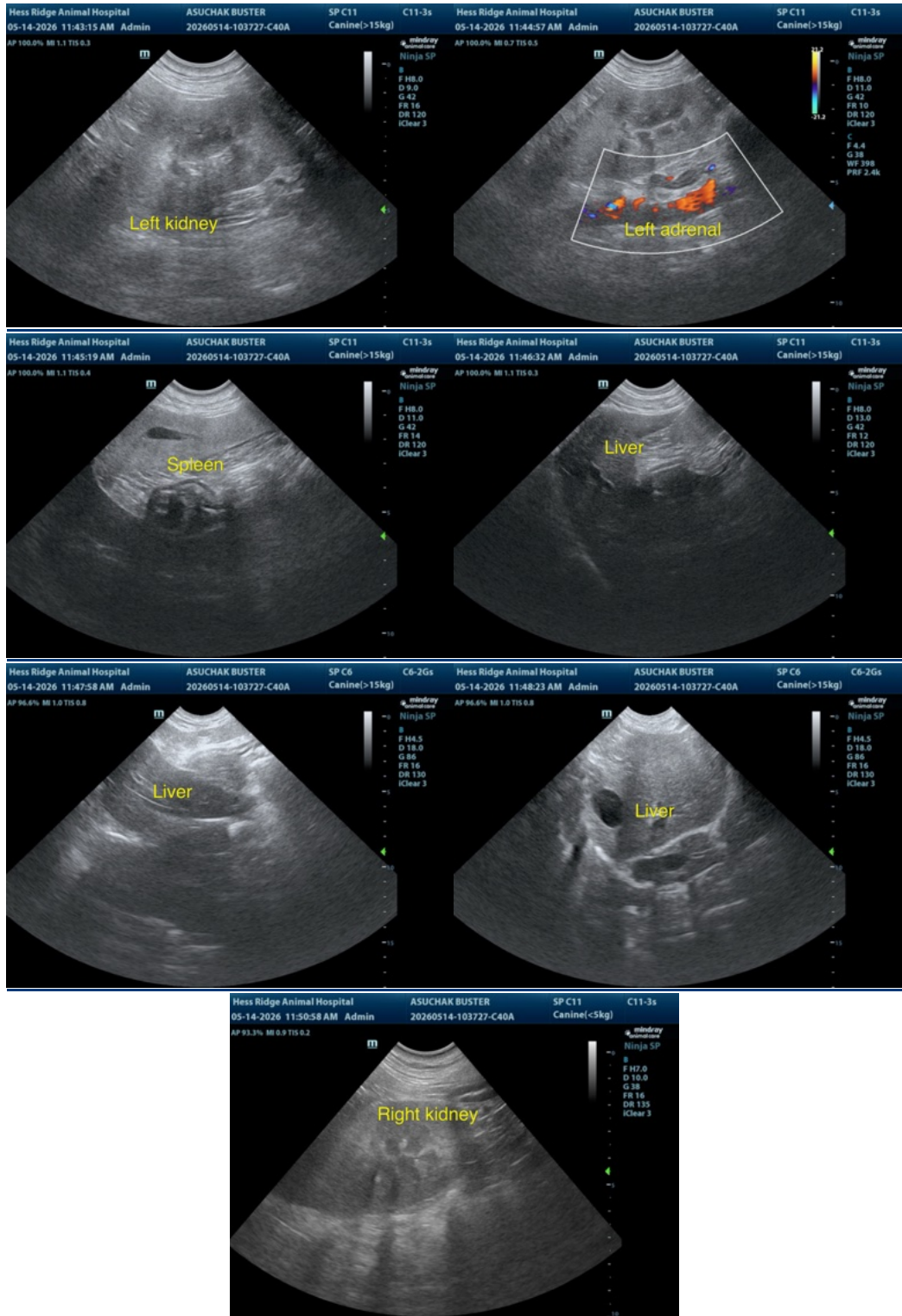
Dr. McAnnally

**INVOICE**

75569

**DATE**

5/14/26



The information and recommendations provided are based on the images presented by the



## PATIENT

Buster Asuchak

## SPECIES

Canine

## BREED

Shar Pei

## SEX

Neutered male

## AGE

10 years

## WEIGHT

58.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson RVT

## HOSPITAL NAME

Hess Ridge AH

## REFERRING VET

Dr. McAnnally

## INVOICE

75569

## DATE

5/14/26

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)**

[info@sonopath.com](mailto:info@sonopath.com)