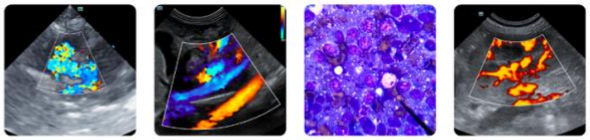

PATIENT

Journey Newey

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered Male

AGE

13 Years

WEIGHT

55.8 Pounds

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

John Hughes, DVM

INVOICE

37350

DATE

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PRESENTING CLINICAL SIGNS

Patient presents due to: Progressive weight loss (6 lb since January 2026; 22 lb since March 2022), straining to pass formed stool, hypercalcemia, and markedly decreased urine specific gravity.
On 1/22/26, the patient was evaluated for weight loss, increased drinking, and decreased appetite. Physical examination was unremarkable with a BCS of 4–5/9. On 5/11/26, the same concerns persisted with further weight loss noted. Physical examination revealed a thin body condition but was otherwise non-remarkable. CLINICAL SIGNS: ADR, significant weight loss , decreased appetite.

Abnormal PE/Chem/CBC/UA Results: May 12, 2026 Northgate Animal Hospital Calcium 13.4 mg/dL HIGH Ionized calcium: Elevated at 1.75 mmol/L. Parathyroid hormone (PTH): Low.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small urinary bladder 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.

Small hypoechogenic prostate, measuring 1.4 cm in width.

Normal renal size, 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 left kidney measured 6.8 cm. The right kidney measured 6.3 cm. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 3.41 cm in length x 0.88 cm and 0.76 cm in width. The right adrenal gland measured 3.58 cm in length x 0.71 cm and 0.53 cm in width.

Spleen

Normal size (2.2 cm width) 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.

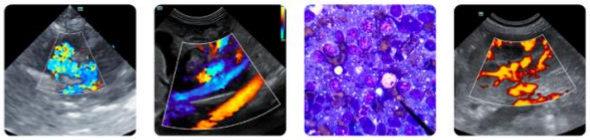
Liver

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

Gallbladder

Full gallbladder, containing a small amount of non-adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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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

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.

Thorax

Heart based tumor was evident, measuring approximately 7.0 cm in size. A small amount of pericardial effusion was present. No pleural effusion was evident.

ULTRASONOGRAPHIC FINDINGS

- Heart based tumor with pericardial effusion
- Gallbladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder sediment can be considered an incidental finding.

On this ultrasound there's no obvious etiology for the hypercalcemia. Further assessment that could be considered would be three view thoracic radiographs, echocardiography and PTHrP assay. Specific therapy would dependent on an etiological diagnosis.

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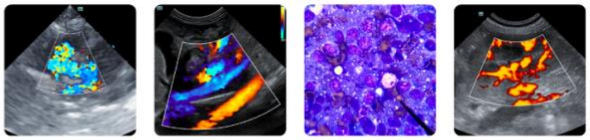

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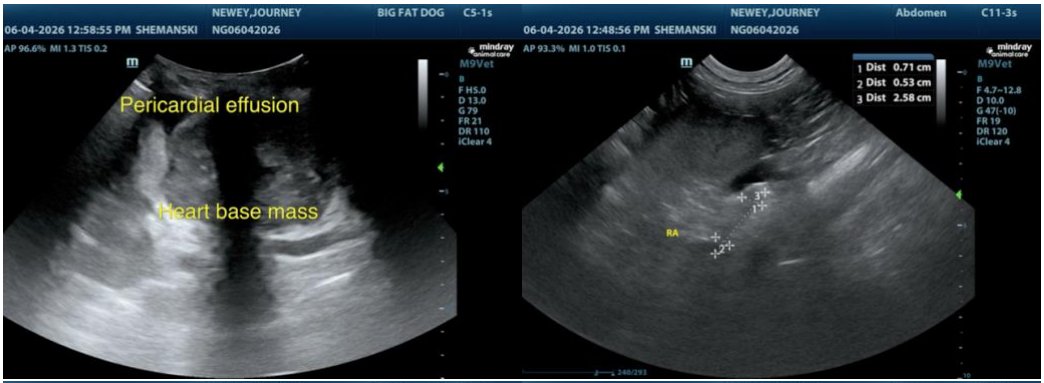

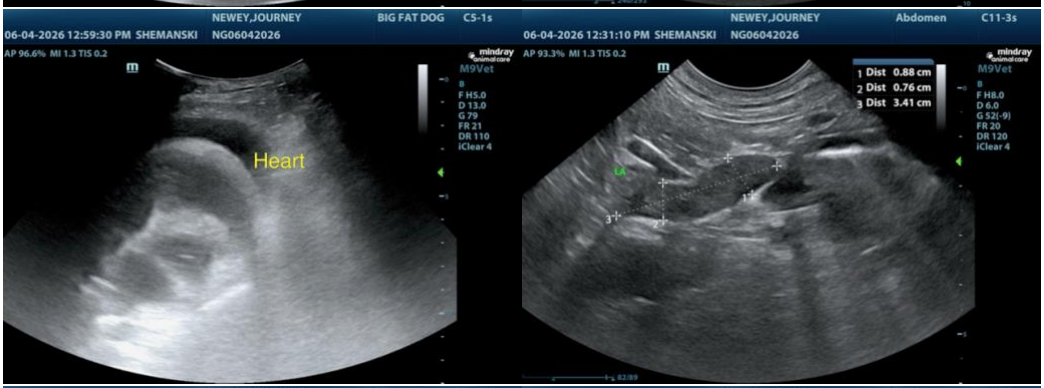

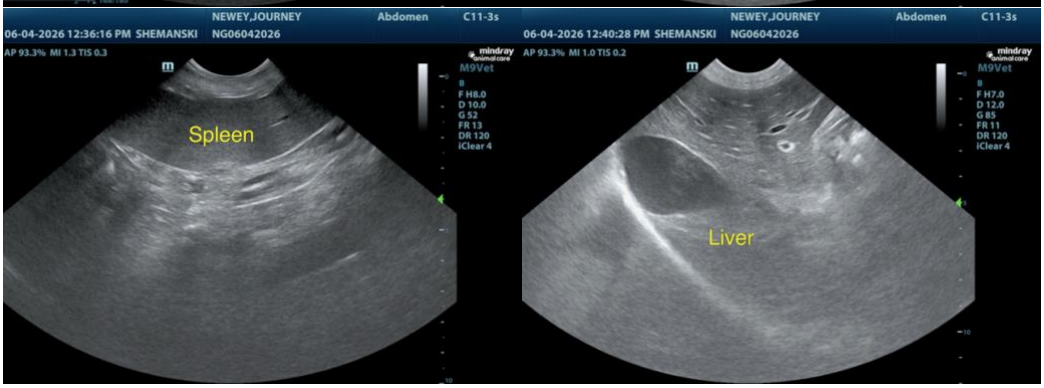

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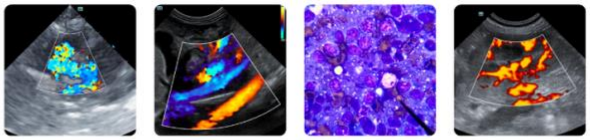

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com