



PATIENT

Dutchess Marquardt

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

10 Years 6 Months

WEIGHT

65 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Dr. Vincent Tavella

HOSPITAL NAME

Williamsburg
Veterinary Clinic

REFERRING VET

Dr. Vincent Tavella

INVOICE

13295

DATE

01/22/26

PRESENTING CLINICAL SIGNS

- Patient presented to ER several days ago. for increased lethargy, PU/PD, blood in urine and diarrhea with hematochezia. ER clinician was concerned about bladder tumor and patient was referred for AUS.

PE: Distended abdomen - non painful on palpation. Slightly pale gums. Chem: BUN 28 (2-27), Creatinine 2.3 (0.5-1.8), Amylase 1823 (500-1500) CBC: RBC 4.66 (5.65-8.87), HCT 27.5 (37.3-61.7), HGB 9.4 (13.1-20.5), MCV 59 (61.6-73.5), MCH 20.2 (21.2-25.9), Reticulocytes 17.1 (22.3-29.6), Platelets 47 (148-464) UD: USG 1.006, 4+ blood, 2 + leu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mild distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 visualized uterine remnant was sonographically normal measuring 0.40 cm in diameter.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

A large mixed echogenic mass was visualized associated with the right kidney measuring 8.2 cm in diameter.

An expansive mixed echogenic left kidney mass was present with associated loss of renal architecture and capsule distortion measuring approximately 5.0 cm in diameter. Discernable intact left kidney corticomedullary parenchyma exhibited indistinct corticomedullary border demarcation. The overall left kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized. The left adrenal gland subjectively measured 0.73 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

Spleen

The spleen presented with overall normal size and mild asymmetrical capsule contour with mild nonhomogenous parenchyma with focal to intermittent discrete hypoechoic splenic nodules. An example measured 0.95 cm in diameter.

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Two visualized mixed echogenic intraparenchymal nodules were present measuring 1.2 cm to 2.1 cm.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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

The visualized segments of small intestine exhibited intact wall layering and normal wall layer ratio and empty intestinal lumen.

Normal visible colon wall layers were present with soft fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No obvious visualized significant omental lymphadenopathy was present. A mild volume of perinephric to lateral abdomen effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral renal masses.
- Hepatosplenic nodules.
- Mild volume peritoneal to retroperitoneal effusion.
- Sonographically normal visualized gastrointestinal tract with mild nonshadowing gastric ingesta and soft fecal matter in colon.
- Sonographically normal urinary bladder, visible proximal urethra and area of uterine remnant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral renal masses are consistent with neoplastic criteria, i.e. sarcoma, carcinoma, or other. The hepatic nodules are highly suggestive of metastatic criteria with questionable splenic nodules, which may suggest concurrent splenic metastasis, lymphoid hyperplasia, hematopoiesis, or combination.

Curative surgical options appear precluded. Assuming normal clotting status, FNA cytology of renal mass +/- the hepatosplenic nodules for further clarification and potential oncology consult may be considered.



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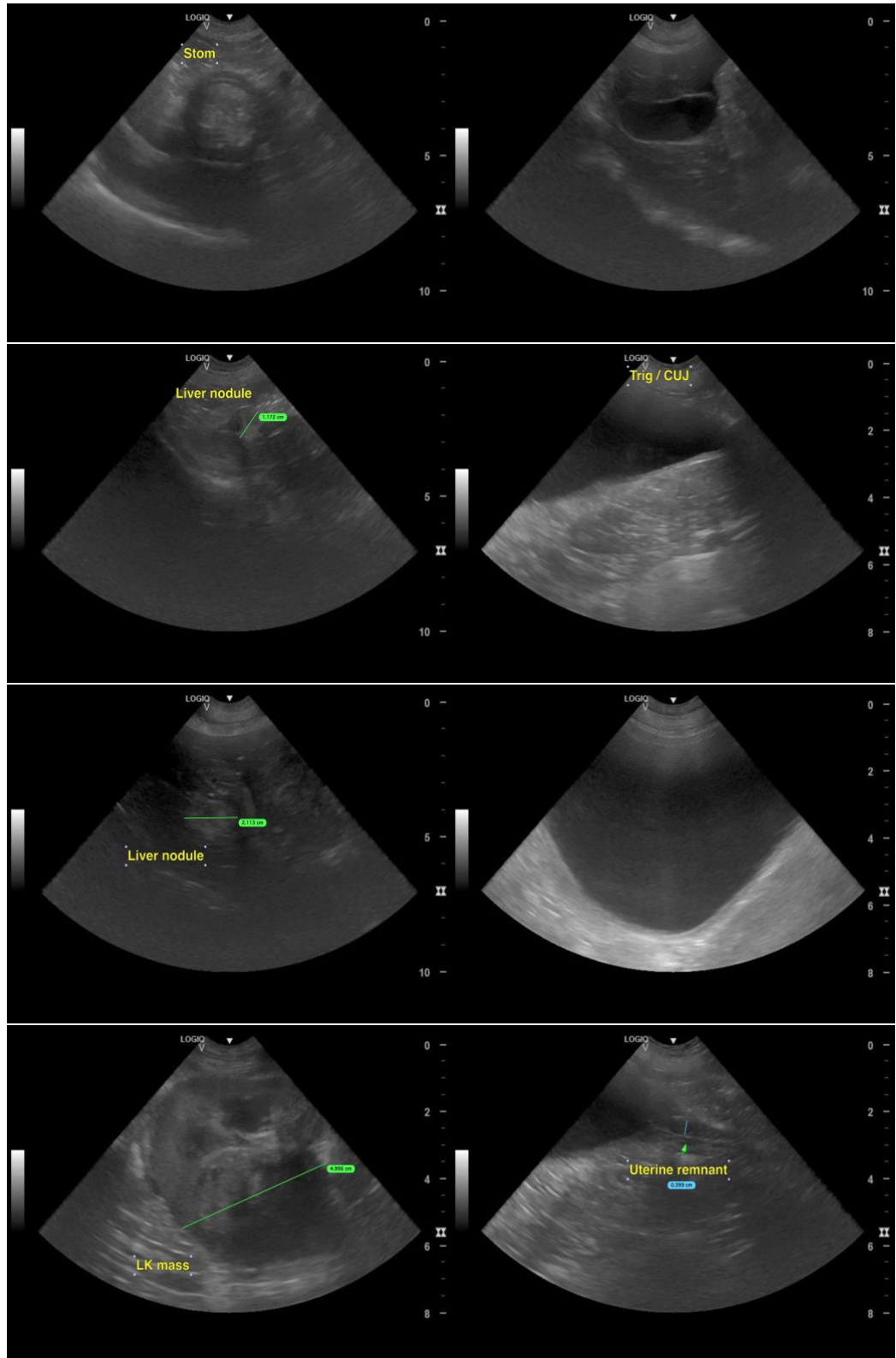
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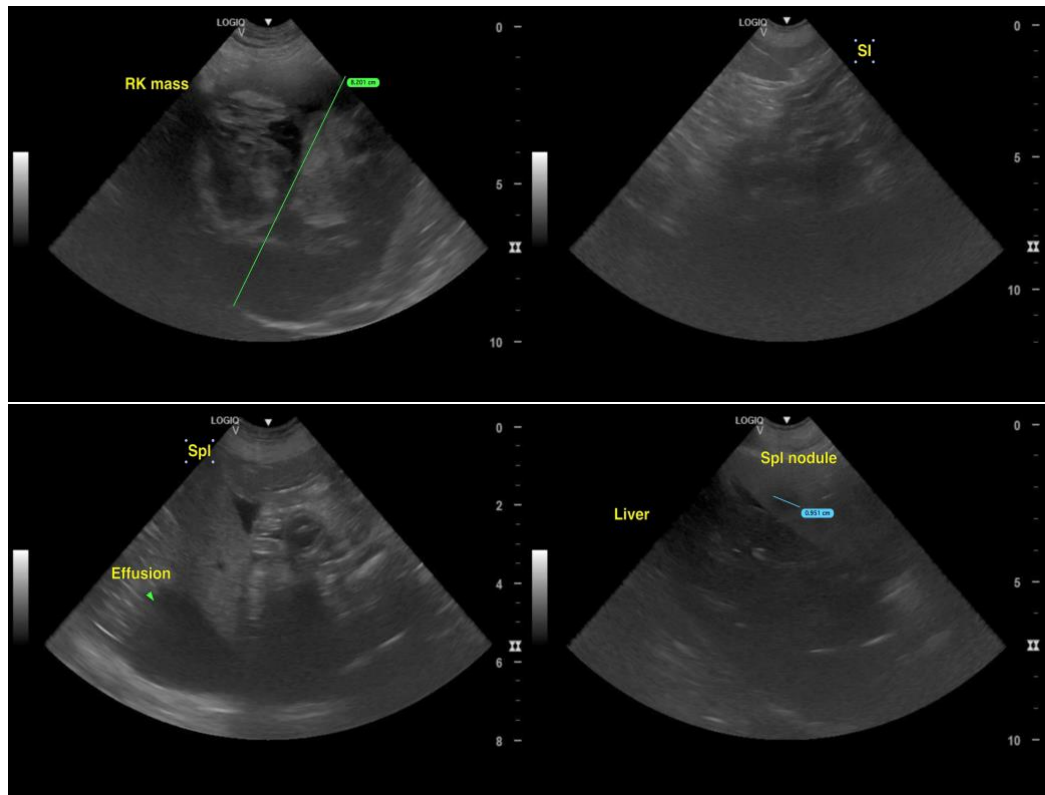
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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