



PATIENT

Mowgly Wudtke

SPECIES

Canine

BREED

Doodle

SEX

Neutered Male

AGE

8

WEIGHT

27

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Natalie Jackson
DVM

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Natalie Jackson
DVM

INVOICE

13431

DATE

01/29/26

PRESENTING CLINICAL SIGNS

- About a week ago - refusing to eat, lethargic. Seemingly uncomfortable laying down, started to whine. Took to rDVM, was given pain medication (started to improve, eating). Starting today - E- again, wasn't wanting to be touched, uncomfortable. Tried to urinate multiple times but was not able. V+ today as well. Shaking before coming.

Abnormal PE/Chem/CBC/UA Results: Abdomen: Painful upon palpation of abdomen, patient abdomen tense while awake. Sedated US exam firm palpable mass in cranial aspect of left aspect of abdomen. Musculoskeletal: ***Abnormal: Standing with left rear limb slightly lifted off the floor, revery resistant to hind limb manipulation, painful on palpation of lumbar region of spine CBC: monocyte 1.18, HCT 40.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the right kidney. 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 right kidney measured 6.8 cm in length.

The left kidney presented enlarged in size with mixed echogenic left kidney mass appearing to extend into the area of the left renal artery and left adrenal gland measuring 6.5 cm x 5.5 cm. Associated asymmetrical renal capsule distortion and indistinct discernable left corticomedullary border demarcation. No overt left retroperitoneal effusion.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder



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The liver was subjectively normal in size, structure, and contour. 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.

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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.

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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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 visualized significant or swollen mesenteric lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Left kidney mass with probable vascular invasion.
- Normal right kidney.
- Sonographically normal empty gastrointestinal tract.
- Sonographically normal liver/spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney mass is consistent with neoplastic criteria i.e. sarcoma, carcinoma or other with probable associated vascular invasion. Potential involvement or origin from the left adrenal gland cannot be excluded.

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Assuming normal clotting status and using a 25-gauge needle, mass FNA cytology could be considered for further clarification. Definitive evidence of lymphatic or major organ metastasis was not sonographically obvious. Assuming no pathology on three view chest radiographs, abdominal CT would be ideal for further clarification assessment for non-obvious metastasis and if surgery is a potential, concurrent surgical planning.

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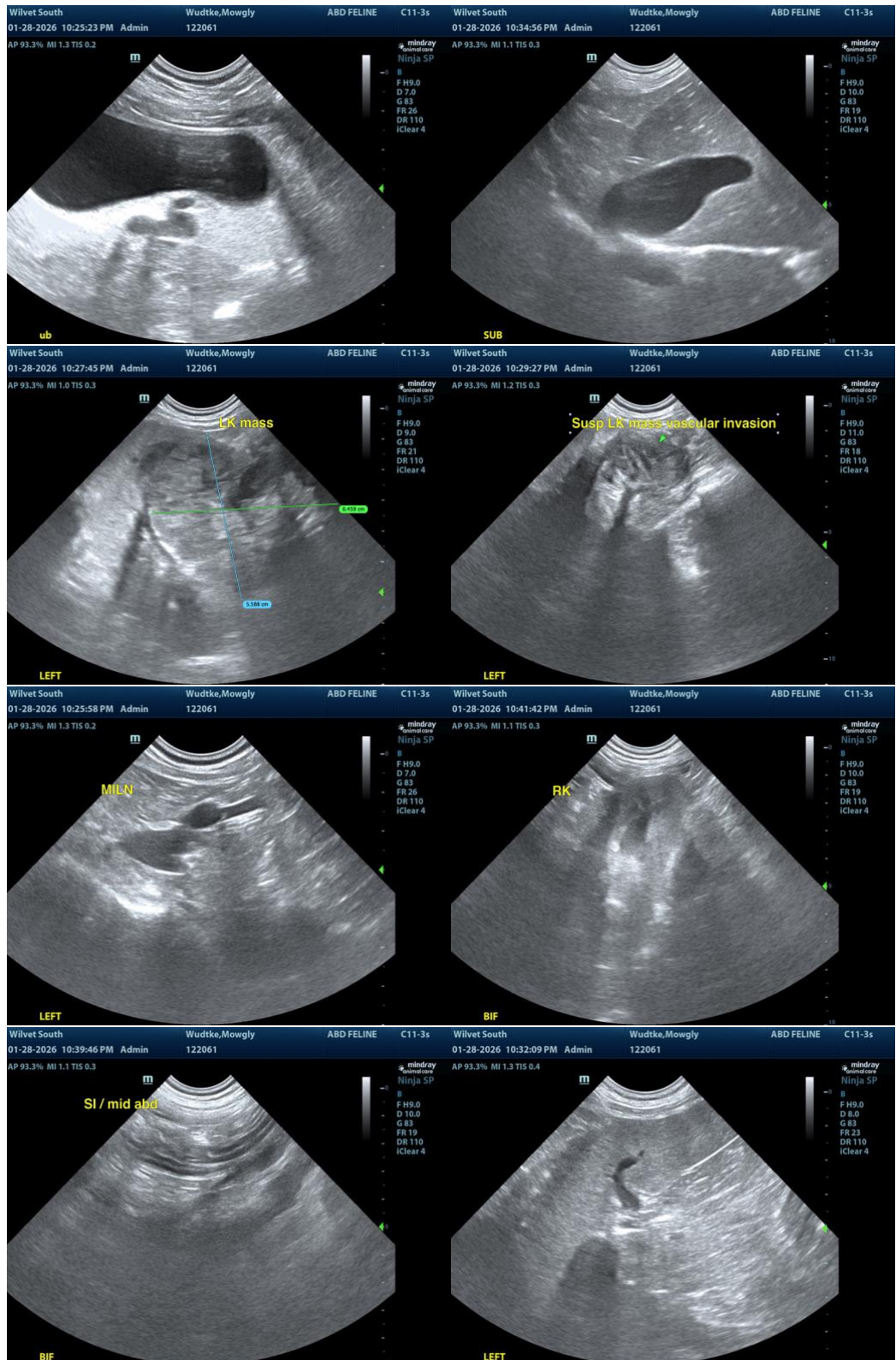
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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