

## PATIENT

Princess Nala  
Tacobella Schloemer

## SPECIES

Canine

## BREED

Shepherd Mix

## SEX

FS

## AGE

14yr

## WEIGHT

51.4

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

## IMAGING PERFORMED BY

A Murphy CVT

## HOSPITAL NAME

Wauwatosia Veterinary  
Clinic

## REFERRING VET

Dr Sarah Mai

## INVOICE

22881

## DATE

11/07/2025

## PRESENTING CLINICAL SIGNS

presented for concern with abdominal mass. large abdominal mass noted on left mid-abdomen with abdominal distension. abdomen is tense & firm on palpation. otherwise patient is doing well

**Abnormal PE/Chem/CBC/UA Results:** 2 view abdominal radiographs revealed large abdominal mass on left side of mid-abdomen causing mass effect. no free fluid noted. brief ultrasound revealed large mass with cavitation

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal renal size with asymmetrical margination was present in the right kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The right kidney measured 6.0 cm in length.

Normal renal size with asymmetrical margination was present in the left kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The discernible intact left kidney measured 6.3 cm in length.

A large asymmetrically expansive non-homogenous to cavitated mass was present in the area of the left kidney and left retroperitoneal space, measuring potentially 16 cm in diameter.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

### *Adrenal Glands*

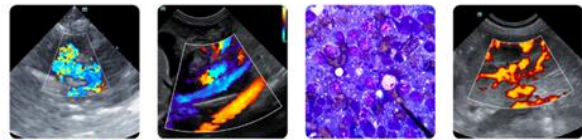
The left and right adrenal glands were not definitively visualized.

### *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*

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. Normal vascular volume. The hepatic



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and portal vasculature were normal in appearance without signs of congestion. 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 visualized gastrointestinal tract was sonographically normal.

## 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 obvious visualized significant peritoneal or retroperitoneal effusion or mid-abdomen mesenteric lymphadenopathy.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Large non-homogenous cavitated mass area of left kidney/ left retroperitoneal space
- Intact right kidney exhibiting chronic renal changes.
- Sonographically unremarkable spleen /liver
- Normal visualized gastrointestinal tract
- Sonographically normal urinary bladder containing anechoic urine.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed mass is highly suspected to be in the area of the left kidney and left retroperitoneal space with potential origin from the left kidney not excluded. The mass did not appear to involve or derive from the caudal spleen, liver, gastrointestinal tract and potential adrenal involvement associated with the mass cannot be definitively excluded. The mass is almost certainly consistent with neoplastic criteria, i.e. sarcoma or other.

Assuming normal clotting status and using a 25g needle, a renal mass FNA for screening cytology is warranted for further assessment. Abdominal CT likely ideal for further clarification and assessment of surgical options if surgery is a potential in this patient.



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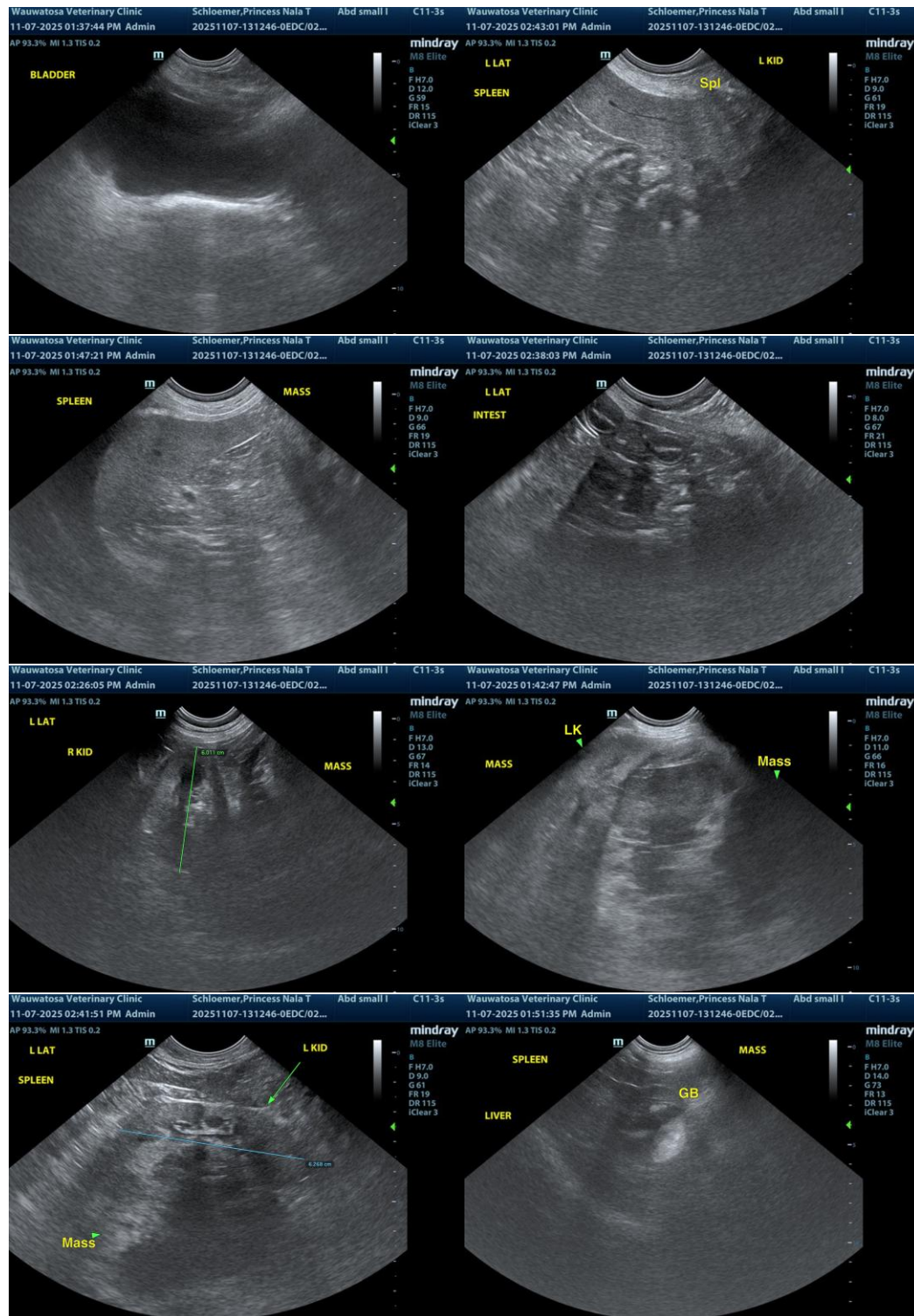
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)