



PATIENT

Moose Arancjo

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

3 Years 10 Months

WEIGHT

79 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

12696

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Possible abdominal mass

Abnormal PE/Chem/CBC/UA Results: Platelets 46 L, Plateletcrit 0.12 L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone with primarily normal urinary bladder wall without evidence of inflammation or tumors. The visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no visualized urine mineral or calculi. No overt obstructive pathology at the level of the trigone or cystourethral junction. Suspect distal dilated overlaying right ureter, possible ureterocele not excluded.

The area of the aortic trifurcation was free of pathology.

The left and right testicles were sonographically normal.

The prostate was mildly enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.5 cm in diameter.

Normal size and margination was present in the left 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. The left kidney measured 7.9 cm in length with a solitary to possible two visualized renal cysts with an example measuring 0.77 cm in diameter.

The right kidney revealed severe right renomegaly and end stage hydronephrosis with no discernable right kidney parenchyma left. Persistent interdiverticular septa. The right kidney measured 18.0 cm in diameter. Severely diffuse dilated right ureter extending from the right kidney to the level of the urinary bladder. Anechoic urine was present in the dilated right ureter with right ureter diameter measuring 2.5 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole.

The right adrenal gland was overtly normal to mildly prominent in size. The right adrenal gland measured 0.91 cm width at the caudal pole.

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.



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Liver

The liver was subnormal in size. 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. 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 was empty with no signs of ileus, obstruction or foreign material.

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.

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

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Severe right kidney hydronephrosis and diffuse hydroureter to the level of the urinary bladder.
- Suspect overlaying dilated distal right ureter at the level of the urinary bladder, possible ureterocele.
- Normal left kidney with solitary to possible two renal cysts.
- Subnormal liver- nonspecific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severe right kidney hydronephrosis and degree of diffuse right hydroureter are consistent with chronic obstructive criteria although a definitive cause of the obstruction i.e. stricture, mass, calculus, etc. was not definitive. No evidence of intra-abdominal mass. The subnormal liver size is nonspecific with possible patient variant. Correlation with assessment of hepatic enzymes +/- bile acids is recommended. Abdominal CT would be ideal for further clarification and surgical planning as right nephrectomy and urethrectomy is indicated.



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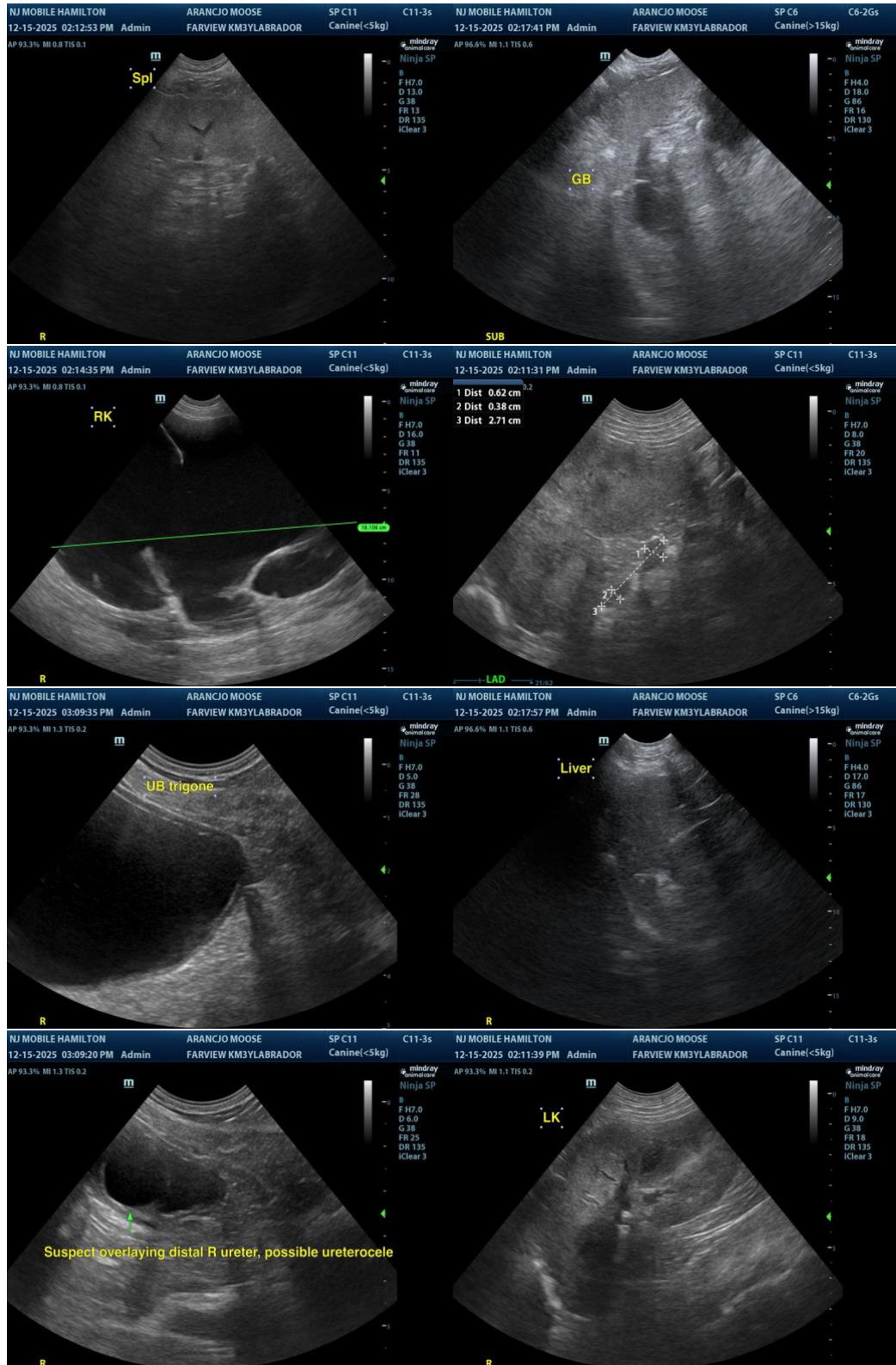
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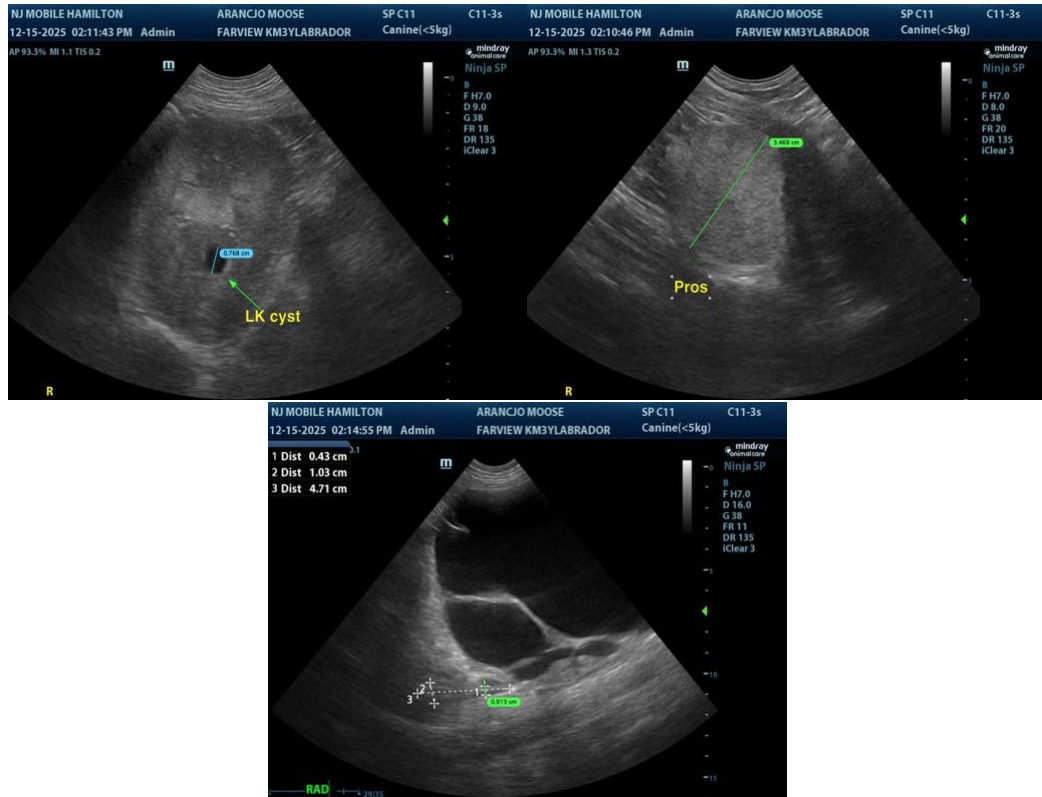
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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