



**PATIENT**

Taffy Norton

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

FS

**AGE**

11 years

**WEIGHT**

31.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jasmine Palacios  
(SDEP Attendee)

**HOSPITAL NAME**

Rivers Edge Pet MC

**REFERRING VET**

Dr. Ken Fletcher

**INVOICE**

13235

**DATE**

2/2/22

**PRESENTING CLINICAL SIGNS**

wt loss -9 lb not eating well for last 1 1/2 weeks +? B/A interested in cheese in exam room and ate cat food without problem Swelling ventral neck yielded 3 cc frank blood no abn cells {hx of anticoag rat bait under deck at home and dead possum in yard} no petechia  
Abnormal PE/Chem/CBC/UA Results: NSF on CBC/Chem/ spec cpl/ pt and ptt

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, 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 changes was noted.

The area of the aortic trifurcation was free of pathology.

The left kidney was enlarged in size measuring approximately 8.0 cm in length. A well-circumscribed, nonhomogeneous to mildly hyperechoic mass was present in the caudal aspect of the left kidney with associated renal capsule distortion, measuring 5.0 cm in diameter. Associated regional vascular invasion was present. The area of vascular invasion associated with the left kidney mass measured approximately 5.0-6.0 cm in length x 1.5 cm width. Concurrent, similar-appearing nonhomogeneous to mildly hyperechoic nodule was present in the lateral left kidney parenchyma with mild associated capsule distortion measuring 2.6 cm in diameter. Moderate pyelectasia along with moderate loss of corticomedullary border demarcation was present. Areas of pinpoint medullary mineral were noted. Subtle evidence of left retroperitoneal reactivity without overt evidence of retroperitoneal effusion was present.

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Areas of nonobstructive medullary mineral were present. No evidence of pelvic dilation was present. The right kidney measured 5.0 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.6 cm length x 0.73 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.57 cm width at the caudal pole. No overt pathology was noted in the bilateral adrenal glands.

**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.



**PATIENT**

***Liver/ Gallbladder***

Taffy Norton

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. 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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***Gastrointestinal***

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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.

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 were evident.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window. Brief sonographic assessment of the neck revealed undifferentiated nonhomogeneous, mildly hypoechoic lesion to small mass, measuring approximately 3.6 cm x 2.5 cm with associated regional tissue reactivity.

**ULTRASONOGRAPHIC FINDINGS**

**HOSPITAL NAME**

Rivers Edge Pet MC

***Primary Findings***

- Left kidney mass to masses with associated regional vascular invasion
- Right kidney moderate chronic renal changes with nonobstructive medullary mineral
- Overtly normal bilateral adrenal glands
- Undifferentiated subcutaneous mass lesion

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, ultrasound-guided FNA of the left kidney mass, using a 25-gauge needle, for further assessment and potential for oncology consultation may be considered. Neoplastic criteria is met in the face of associated vascular invasion likely indicative of fairly aggressive neoplastic process such as adenocarcinoma or other. Abdominal and neck CT could be considered for further clarification, as well as assessment of potential surgical resectability. However, given the presence of vascular invasion associated with the left kidney mass to masses, a high probability of surgical preclusion, given this presentation, is likely.





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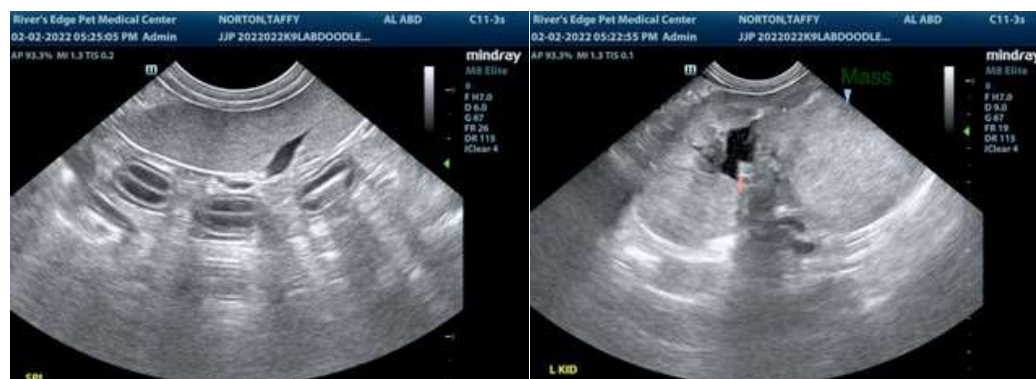
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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