



PATIENT

Fluffy Campbell

SPECIES

Canine

BREED

Pomeranian

SEX

SF

AGE

14 years, 11 months,
and 2 weeks

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fen Vet Airdrie

REFERRING VET

Dr. Brock

INVOICE

10725

DATE

3/25/26

PRESENTING CLINICAL SIGNS

History:

- Persistence of lower urinary tract signs (marked hematuria) that has been going on for over a year per owner. Reportedly, the blood in the urine has been worse the last little bit. Concerns about urinary changes, potentially including blood in the urine - has been persistent for over a year

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 were noted.

No evidence of pathology was noted In the area of the uterine remnant.

No evidence of pathology in the area of the aortic trifurcation.

An expansive, nonhomogeneous left kidney mass was present, measuring ~4.3 cm in diameter. Concurrent significant left kidney hydronephrosis was noted without discernable corticomedullary parenchyma. Overall left kidney measured 4.9 cm length. Mild left retroperitoneal hyperechogenicity was noted without overt retroperitoneal effusion. Blood flow within the left kidney mass confirmed on Color Doppler.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Focal medullary mineral was noted. No evidence of pelvic dilation was present. The right kidney measured 5.1 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 0.42 cm width at the caudal pole.

A mildly expansive, non-capsule deforming, nonhomogeneous, pinpoint hyperechoic nodule was present in the cranial right adrenal gland, measuring 0.9 cm x 0.87 cm. The nodule did not exhibit signs of mineralization or vascular invasion. The caudal pole of the right adrenal gland was normal in width, measuring 0.55 cm.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, well-defined, symmetrical, hyperechoic nodules were present, with an example measuring 0.9 cm diameter. 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 or neoplastic changes were not noted. The



PATIENT

Fluffy Campbell

SPECIES

Canine

BREED

Pomeranian

SEX

SF

AGE

14 years, 11 months,
and 2 weeks

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fen Vet Airdrie

REFERRING VET

Dr. Brock

INVOICE

10725

DATE

3/25/26

echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. Normal hepatic vascular volume was present. 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 containing primarily anechoic content with emerging mineralized, nonorganized, hyperechoic, dependent lumen gallbladder debris. 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 without evidence of retained ingesta, fluid, 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 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.

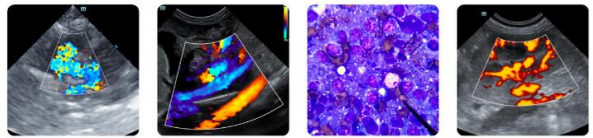
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left kidney mass with concurrent left kidney hydronephrosis
- Intact age-related right kidney
- Cranial right adrenal nodule

Secondary Findings

- Hyperechoic splenic nodules – most suggestive of benign criteria and likely myelolipomas
- Mineralized nonorganized gallbladder debris (non mucocele)



PATIENT

Fluffy Campbell

SPECIES

Canine

BREED

Pomeranian

SEX

SF

AGE

14 years, 11 months,
and 2 weeks

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fen Vet Airdrie

REFERRING VET

Dr. Brock

INVOICE

10725

DATE

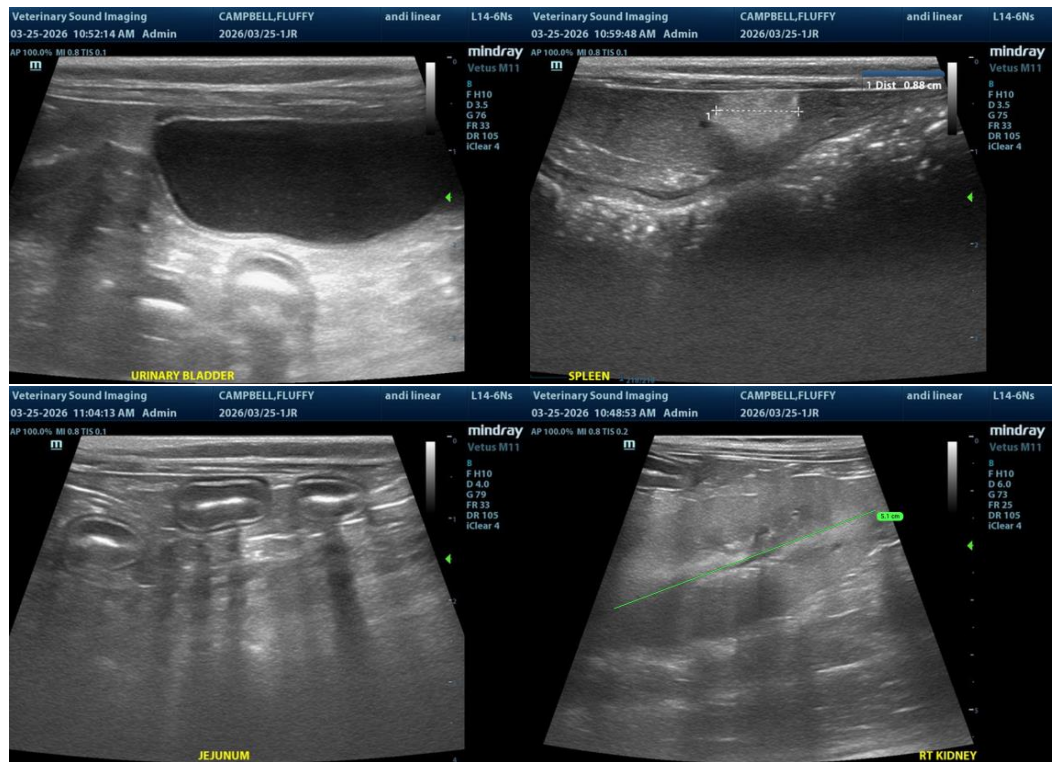
3/25/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left kidney mass is highly suggestive of neoplastic criteria with granuloma, consolidated abscess, or other benign etiology thought less likely. Some degree of obstruction to ureter outflow, given concurrent left kidney hydronephrosis, is possible.

Right adrenal nodule hyperplasia, adenoma, emerging primary adrenal tumor or metastasis are all potentials. Serial monitoring of systemic blood pressure for evidence of hypertension, which may potentially allude to pheochromocytoma, is recommended.

Assuming no evidence of pathology on three view chest radiographs, abdominal CT is likely ideal primarily to assess for evidence of nonobvious metastasis and surgical planning with potential for left nephrectomy and right adrenalectomy.





PATIENT

Fluffy Campbell

SPECIES

Canine

BREED

Pomeranian

SEX

SF

AGE

14 years, 11 months,
and 2 weeks

WEIGHT

6.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Fen Vet Airdrie

REFERRING VET

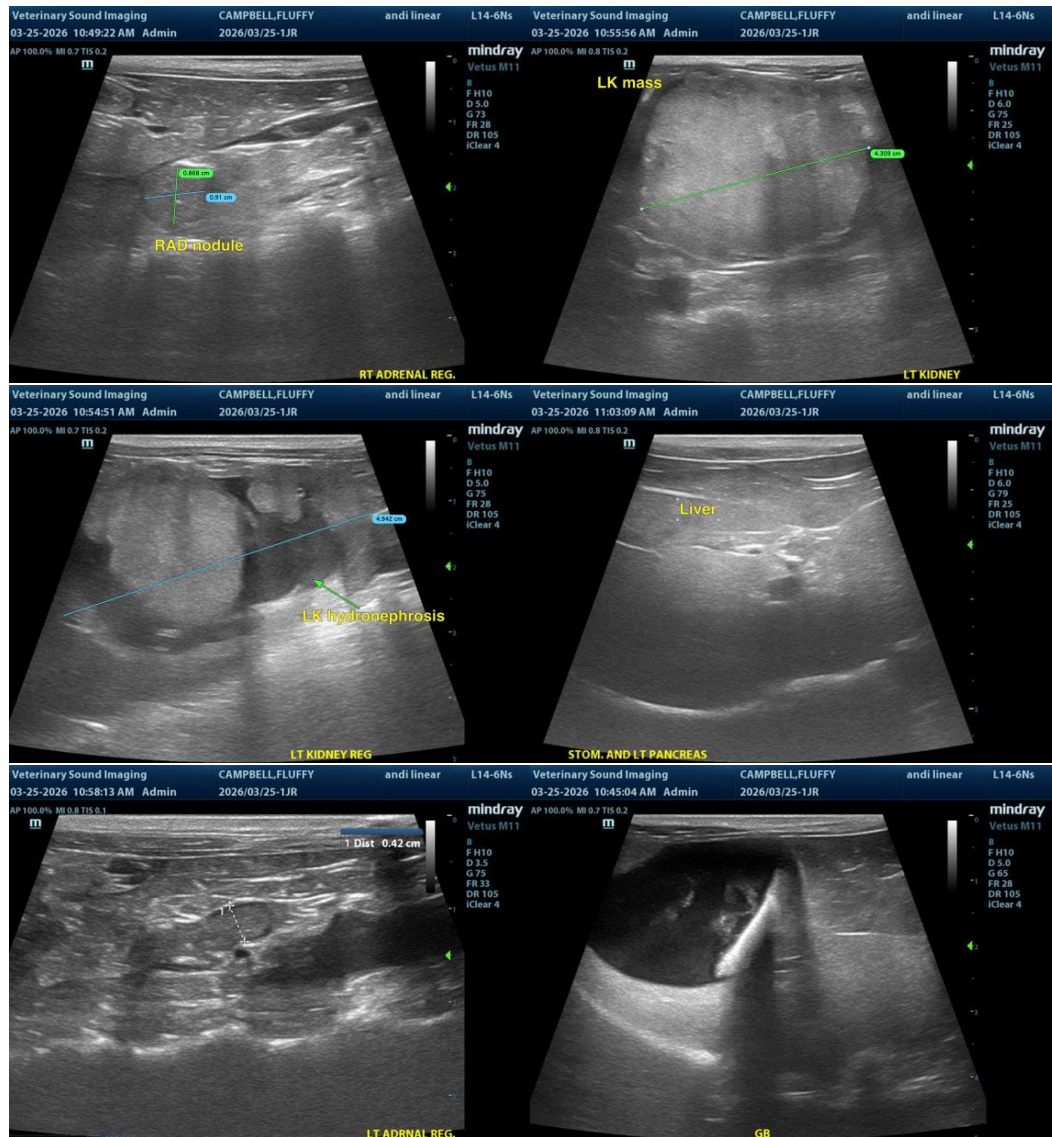
Dr. Brock

INVOICE

10725

DATE

3/25/26



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