



PATIENT

MARNIE MITTL

SPECIES

Canine

BREED

Labrador Mix

SEX

FS

AGE

7yr

WEIGHT

40.0

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr Laura Green

INVOICE

24442

DATE

04/11/2026

PRESENTING CLINICAL SIGNS

Presented 4/8/26 for annual exam. Per o p has been more clingy and was crying for no reason last week. Abdominal mass noted cranial left abdomen. Ventral abdominal veins tortuous.

Abnormal PE/Chem/CBC/UA Results: RADS: Appears to be a large retroperitoneal mass. Colon and small intestines displaced ventrally. Chest rads look clear. CBC/Chem pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition was 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 6.6 cm in length.

The discernible left kidney was overall enlarged in size with asymmetrical margination and indistinct corticomedullary architecture and border demarcation. Mild hydronephrosis was present. The discernible left kidney measured 9.9 cm length.

A large indistinctly margined non-homogenous mass in the area of the subjective left retroperitoneal space and adjacent to the left kidney with left kidney involvement or possible origin measuring at least 12 cm in diameter but possibly larger was present. Evidence of mass vascular invasion was present.

No overt evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increased periadrenal to retroperitoneal artifact.

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 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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of 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 contained segmental similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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

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Pancreas

The pancreas was not definitively visualized owing to increased peripancreatic omental artifact although no obvious pathology.

SEX

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Free Abdomen

Increased regional peritoneal to retroperitoneal tissue echogenicity and minor volume effusion.

Intermittent mildly swollen non-homogenous lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

Primary

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- Ill-defined mass area of left kidney and subjective left retroperitoneal space with evidence of vascular invasion
- Generalized left renomegaly exhibiting mild hydronephrosis
- Normal right kidney
- Sonographically normal spleen
- Mild volume peritoneal / retroperitoneal effusion and intermittent swollen lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ill-defined mass is consistent with neoplastic criteria with considerations including renal, undifferentiated or possible adrenal origin. Evidence of mass vascular invasion likely correlates with aggressive neoplastic process. Assuming normal clotting status and using 25ga needle, renal mass FNA cytology could be considered. Given no pathology on three view chest radiographs abdominal CT for further assessment is recommended.

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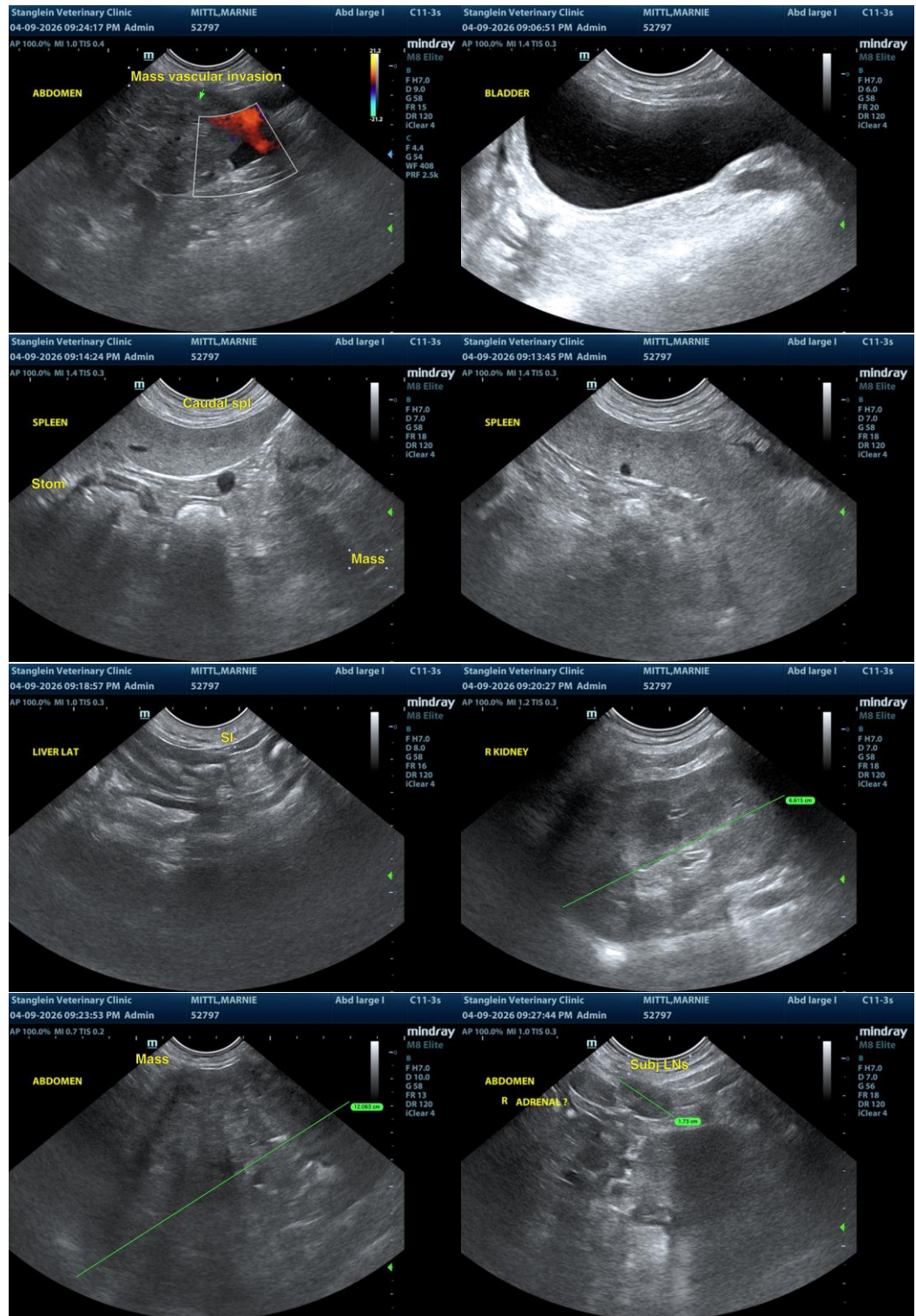
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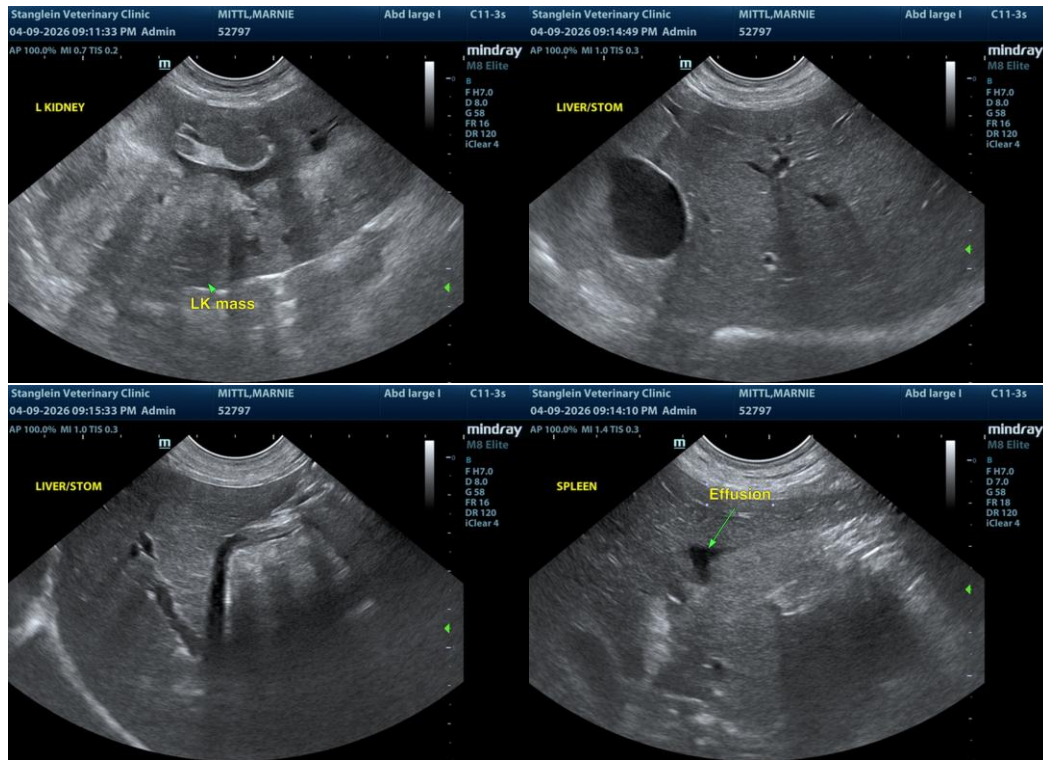
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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