



**PATIENT**

Stereo Ponce

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

MN

**AGE**

11 years

**WEIGHT**

25 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General on  
Hudson

**REFERRING VET**

Dr. William  
Freedman

**INVOICE**

13662

**DATE**

4/13/22

**PRESENTING CLINICAL SIGNS**

Weight loss, decreased appetite, inappropriate urination. Current med: enrofloxacin.  
Abnormal PE/Chem/CBC/UA Results: HCT 29.9%, amylase 1317.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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 residual prostate was normal in size with minor dilation of the prostatic urethra, which is nonspecific yet not consistent with underlying pathology and at times is seen in dogs that are neutered later in life if clinically applicable. The residual prostate measured 0.89 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left 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 border distinction expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length.

Nonhomogeneous, asymmetrical mass was present in the area of the right kidney and in the area of the right adrenal gland. The mass measured approximately 5.5-6.0 cm in diameter. The potential for mild intact cranial lateral cortex associated with the right kidney is possible, yet not definitive.

**Adrenal Glands**

The bilateral adrenal glands were normal in size. The adrenal glands exhibited heterogeneous to indistinctly nodular parenchyma. The left adrenal gland measured 1.7 cm length x 0.86 width in the caudal pole.

The right adrenal gland was not definitively visualized owing to the mass in the area of the right kidney.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

**Liver/ Gallbladder**

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 generalized minor parenchymal remodeling. A solitary, subtly expansive, hypoechoic to nonhomogeneous intraparenchymal nodule measuring 1.2 cm in diameter was present in the mid to right liver adjacent to



<b>PATIENT</b>	the gallbladder. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The gallbladder was otherwise normal. The cystic and common bile ducts were normal.
Stereo Ponce	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained nonshadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.
<b>BREED</b>	
Cocker Spaniel	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.
<b>SEX</b>	
MN	Normal visible colon wall layers were present with generalized semi-formed to nonformed feces, potentially consistent with diarrhea.
<b>AGE</b>	<b><i>Pancreas</i></b>
11 years	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.
<b>WEIGHT</b>	<b><i>Free Abdomen</i></b>
25 lbs.	No overt lymphadenopathy or peritoneal effusion was present. Subtle evidence of associated retroperitoneal Inflammation was noted.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b><i>Primary Findings</i></b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Nonhomogeneous asymmetrical mass in the area of the right kidney / right adrenal gland</li> <li>• Nonspecific yet suspicious solitary hepatic intraparenchymal nodule</li> <li>• Left kidney mild age-related changes</li> <li>• Sonographically unremarkable urinary bladder and residual prostate</li> </ul>
Kelly Vazquez	<b><i>Secondary Findings</i></b>
<b>HOSPITAL NAME</b>	<ul style="list-style-type: none"> <li>• Mild gastric ingesta / chyme - post prandial presentation, potential for mild gastric stasis if documented NPO</li> </ul>
Animal General on Hudson	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>REFERRING VET</b>	The primary finding of the mass in the area of the right kidney is consistent with probable neoplastic criteria and suspected to be of primarily right renal origin with potential involvement of the right adrenal glands. Potential for primary adrenal involvement with extension or involvement of the right kidney could also be possible. Potential for regional retroperitoneal or peritoneal seeding or extension of the mass may be an issue. Likewise, although not definitive, potential for focal hepatic metastasis is of concern.
Dr. William Freedman	
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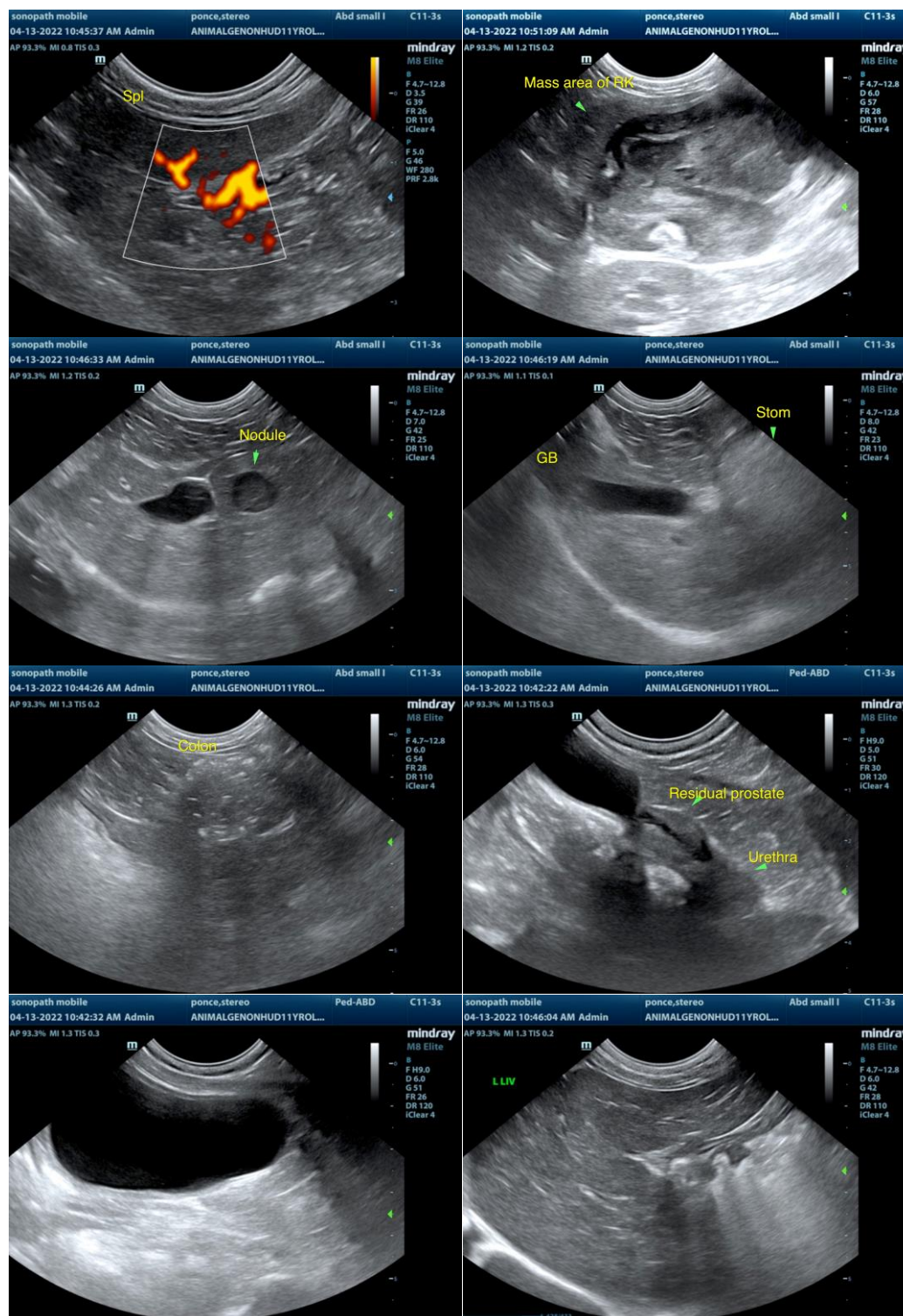
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Ideally, if possible, CT assessment of this mass, as well as assessment for regional metastasis and potential for surgical planning is recommended. Three view chest radiographs are suggested if not done.





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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

SonoPath CT Services are offered at the Blairstown Animal Hospital. Blairstown, New Jersey. More information can be found at

<https://sonopath.com/resources/sonopath-teleconsultation-services-and-sdep-certification/sonopath-ct-services>