



PATIENT

Deacon Brincefield

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

55 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kelly Vida

HOSPITAL NAME

Sherrills Ford Animal
Hospital

REFERRING VET

Dr. Kelly Vida

INVOICE

74615

DATE

4/20/26

PRESENTING CLINICAL SIGNS

Acute onset of abdominal pain yesterday with decreased appetite and weakness in back legs. Abnormal PE/Chem/CBC/UA Results: Normal Hct but has decreased from 50% to 36% over several weeks

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 obvious pathology visualized in the area of the residual prostate.

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 cortex were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 6.1 cm.

An expansive, non-homogeneous, cavitated to cystic mass was noted in the area of the right kidney, appearing to derive from the right kidney parenchyma, measuring approximately 10-11 cm in diameter. Discernable intact mid to caudal right kidney parenchyma noted exhibiting mild indistinct corticomedullary border demarcation. Overall, the right kidney measured approximately 12.0 cm in length. Mild subjectively increased right retroperitoneal tissue echogenicity with mild to moderate volume peritoneal effusion.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Left adrenal gland measured 0.49 cm at the caudal pole.

The right adrenal gland was not definitively visualized.

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

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, hyperechoic, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta suggestive of food echogenicity.

The visualized segments of small intestine exhibited intact wall layering with normal wall layer ratio and empty lumen.

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

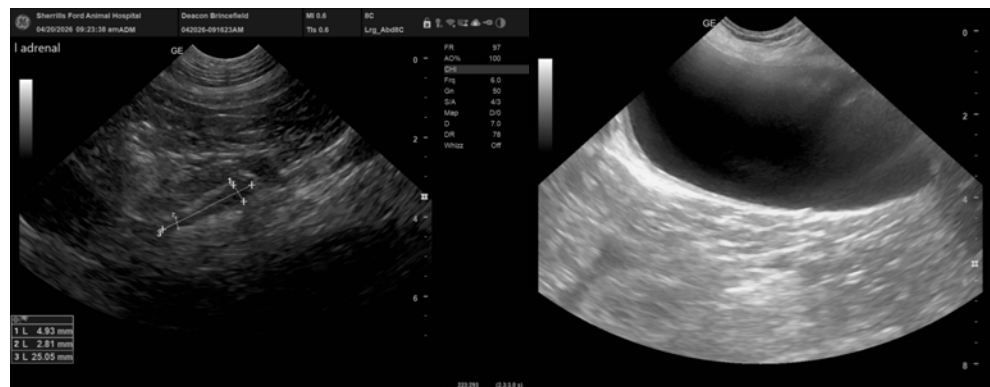
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mass involving the right kidney
- Mild age related left kidney changes.
- Non-visualized right adrenal gland, sonographically unremarkable left adrenal gland.
- Sonographically normal spleen and liver.
- Mild gallbladder debris (non-mucocele).
- Peritoneal effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass appears to be a primary right kidney mass and meets neoplastic criteria i.e., sarcoma, carcinoma, or other. Non-neoplastic mass etiology such as non-specific cystic or necrotic granuloma or abscess possible yet thought less likely. Peritoneal effusion and mild right retroperitonitis secondary to the mass is probable, given no evidence of hepatic congestion and assuming normal albumin levels. 3-view chest radiographs and clotting status recommended. Correlation with abdominal effusion and consideration for mass FNA cytology using 25-gauge needle could be considered. If no pathology on 3-view chest radiographs, direct laparotomy with expectation toward right nephrectomy and gross inspection of the right adrenal gland could be considered.





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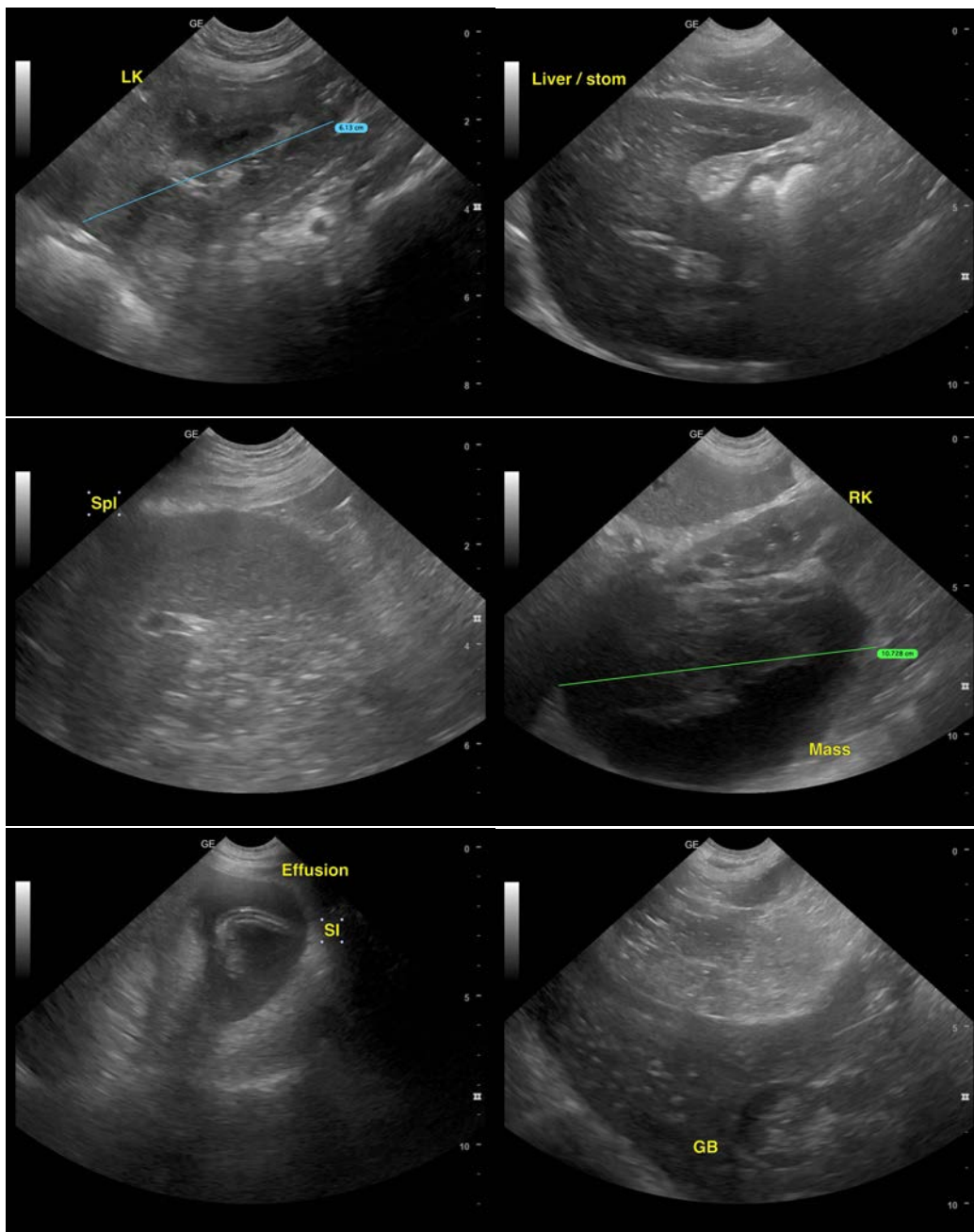
Dr. Kelly Vida

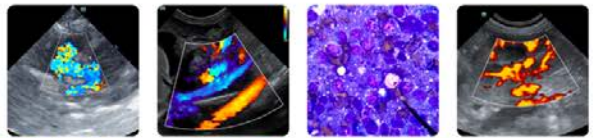
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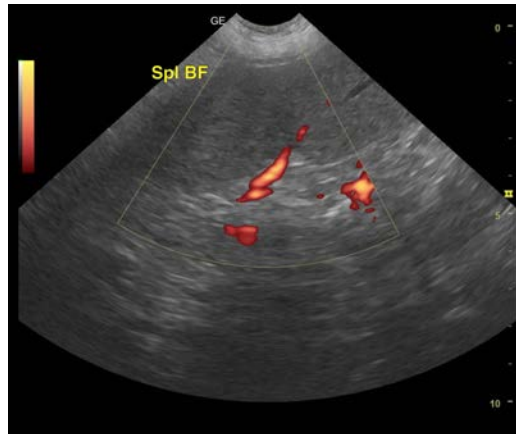
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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