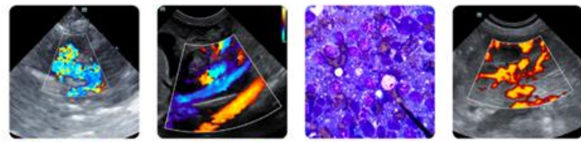


PATIENT
Coco Marshall

SPECIES
Canine

BREED
GSD

SEX
FI

AGE
8yr

WEIGHT
89lb

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

IMAGING PERFORMED BY
Dr Wasserman

HOSPITAL NAME
Village Pet Clinic

REFERRING VET
Dr Defabio

INVOICE
24937

DATE
05/23/2026

PRESENTING CLINICAL SIGNS

Presented for hematuria. Referring veterinarian expressed concern for free abdominal fluid and an abdominal mass. Patient was receiving amoxicillin/clavulanate 500/125 mg tablets and gabapentin 300 mg prescribed by Veterinary Medical Center of Indian River County.
Patient was sedated for sonographic examination with dexmedetomidine 0.5 mg/mL (0.8 mL IV) combined with butorphanol 10 mg/mL (0.9 mL IV). Sedation was adequate for the examination, resulting in minimal to no abdominal wall tension and improved imaging conditions.
A large caudal abdominal mass was identified and created significant mass effect within the caudal abdomen, resulting in difficulty obtaining a complete SDEP abdominal ultrasound examination. There was concern for causing rupture of the mass navigating the abdomen with ultrasound probe in the cranial right abdomen. Purpose of sonogram: Evaluate for metastatic criteria of the liver and spleen. 3v Thoracic radiographs today free of any evidence of overt metastatic criteria. POC/Preanesthetic echo revealed no obvious cardiac masses today/pleural effusion/pericardial effusion. Patient stable and BAR today.
Abnormal PE/Chem/CBC/UA Results: Large palpable caudal abdominal mass. After sonogram, suspected to be attached to the left kidney, left ovary, or left adrenal. Hematuria observed at the end of the sonogram.

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.

A large expansive non-homogenous cavitated mass was occupying the majority of the mid-abdomen and suspect retroperitoneal space appearing to likely originate or at least involve the left kidney. The mass measured at least 19 cm in diameter. The discernible left kidney exhibited intact corticomedullary differentiation with indistinct corticomedullary border demarcation. No overt left kidney pyelectasia The right kidney was not definitively visualized.

The area of the uterus body, dorsal to the urinary bladder was free of overt pathology. The left and right ovaries were not definitively visualized.

The area of the aortic trifurcation was free of pathology.

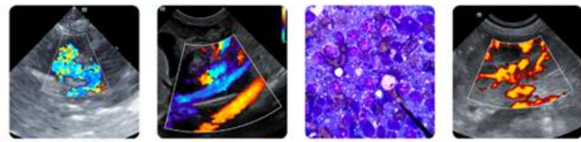
Adrenal Glands

The left and right adrenal glands were 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/Gallbladder



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The liver presented borderline to mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. 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 with no signs of ileus, obstruction 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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt significant peritoneal or retroperitoneal effusion or visualized significant or swollen mid-abdomen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

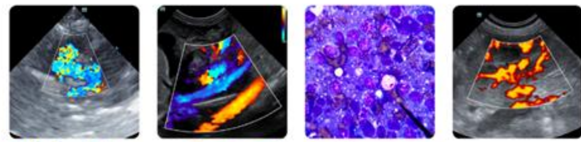
Primary

- Large, non-homogenous cavitated abdominal vs retroperitoneal mass primarily visualized in the area of the left kidney with suspect left kidney origin /involvement
- Non-visualized right kidney
- Sonographically normal urinary bladder and visible proximal urethra
- Overtly normal area of uterine body dorsal to the to the urinary bladder
- Borderline /mild non-congested hepatomegaly
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed mass is consistent with neoplastic criteria and left kidney origin or involvement. Non-renal origin i.e. adrenal, ovarian, uterine or other origin, invading the left kidney cannot be definitively excluded.

No definitive evidence of hepatosplenic primary or macrometastatic criteria. Assuming normal clotting status using 25g needle, mass FNA cytology could be considered for initial clarification. Gold standard abdominal CT is recommended, if possible, for further clarification, assessment for non-obvious metastasis or vascular compromise and surgical planning if surgery is a potential in this patient.



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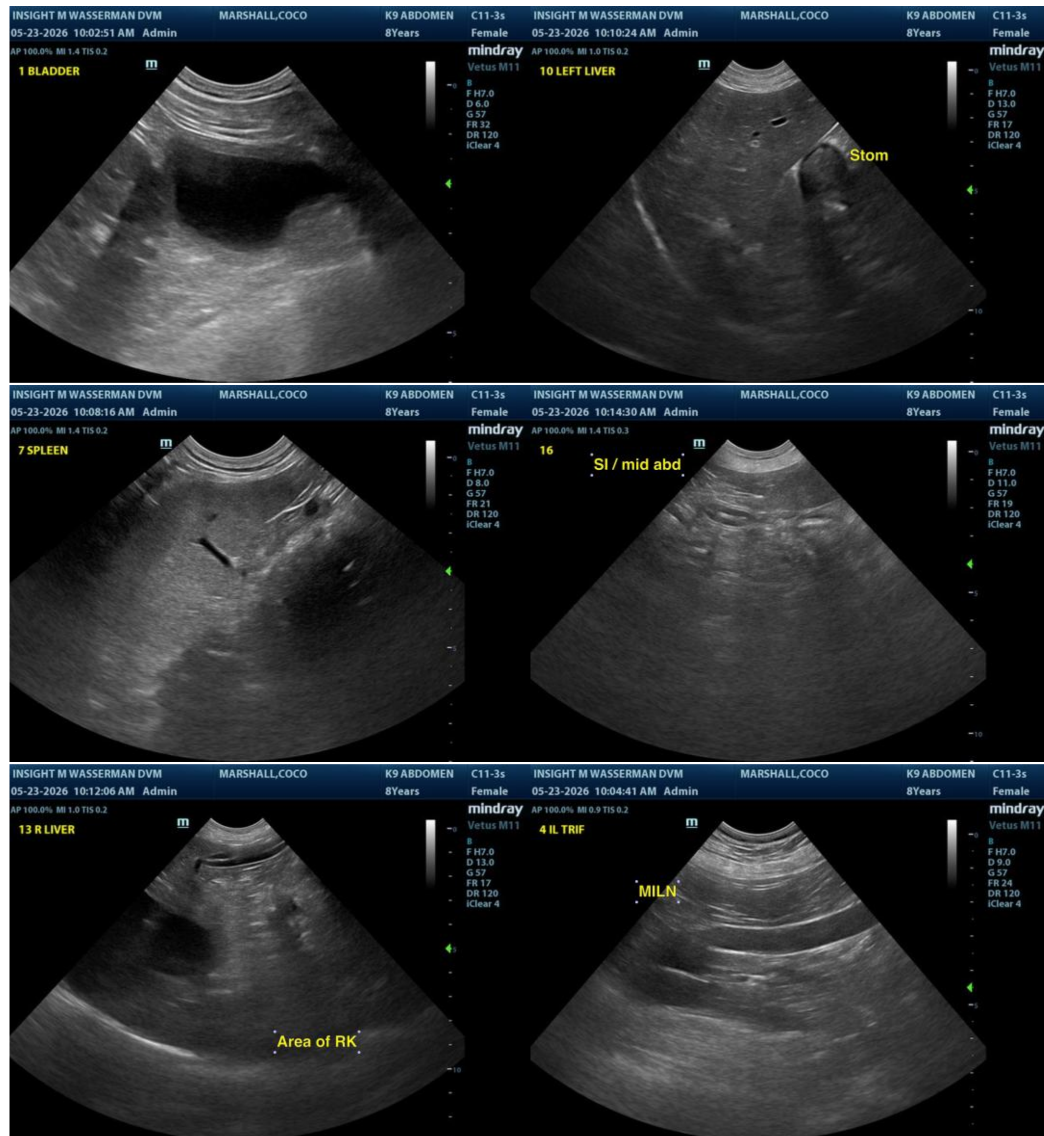

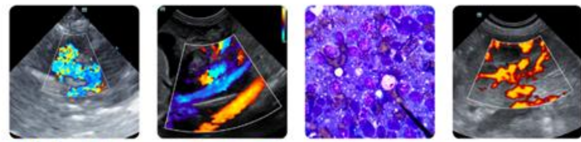

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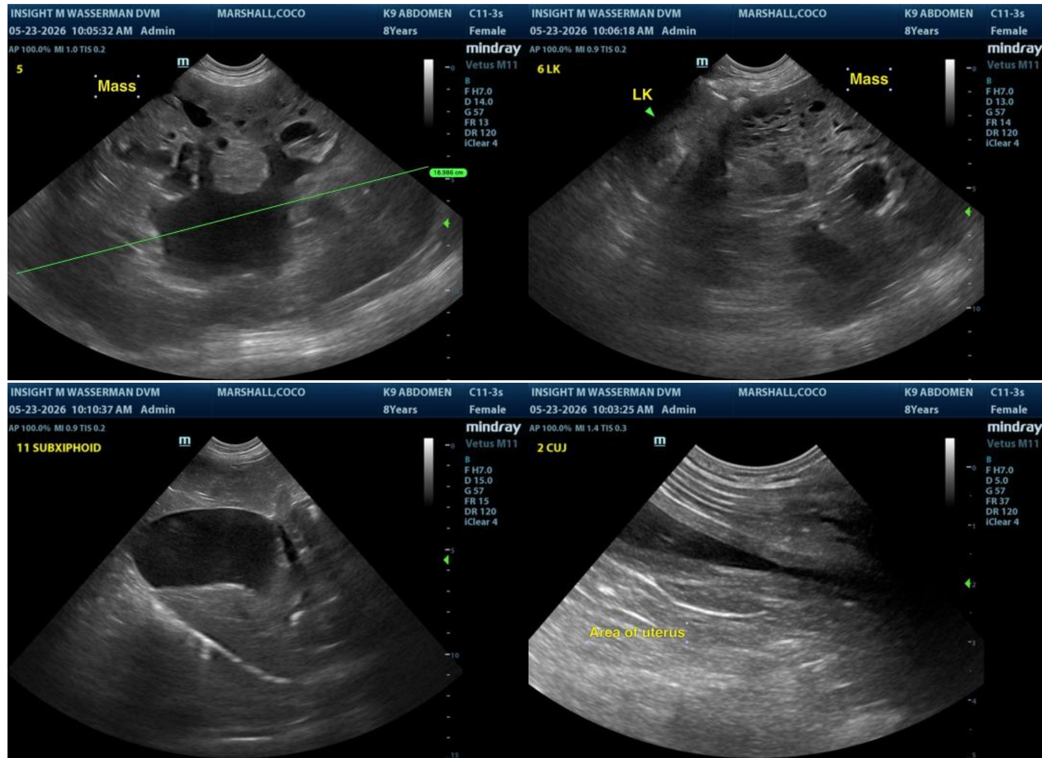

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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