



PATIENT

Randy Ryan

SPECIES

Canine

BREED

Spoodle

SEX

MN

AGE

8

WEIGHT

15

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

74554

DATE

4-12-26

PRESENTING CLINICAL SIGNS

hematuria
weight loss

lacking appetite and energy

Abnormal PE/Chem/CBC/UA Results: port urine usg 1040 pH 6 blood 4+

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies in soft tissue and bone windows are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

A large, expansile, left renal mass is expanding the left kidney. The mass measurements are approximately 10.5 x 6.5 cm. The mass causes marked distortion of normal renal architecture accentuating the mid and cranial pole with involvement of the renal sinus. Heterogeneous and overall reduced contrast enhancement is noted. Lesion margins are ill-defined. Superficial feeding vessels are seen. There is no evidence of vascular invasion. The adrenal glands can be seen separately from the mass and present within normal limits.

Occasional small, soft tissue nodules are present within the adjacent peritoneal cavity in close proximity to the left renal mass.

The right kidney is normal in size and shape. Small cortical cysts are present.

The urinary bladder and ureters present within normal limits.

Small cystic lesions are noted within the liver.

The pancreas and gastrointestinal tract present within normal limits.

No significant abdominal lymphadenomegaly is detected.

The patient appears to have a history of splenectomy.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large left renal mass with renal sinus involvement causing severe architectural distortion.
- Peritoneal nodules adjacent to the mass.
- Right renal and hepatic cysts.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for primary or secondary renal neoplasia such as carcinoma, sarcoma, or other. Metastatic disease with secondary renal involvement is a potential consideration as well.

The peritoneal nodules adjacent to the mass are highly suspicious for metastatic or peritoneal dissemination such as metastatic spread or carcinomatosis.

Tissue sampling of the renal mass and/or peritoneal nodules for definitive diagnosis is recommended if clinically appropriate. Left nephrectomy is an option, however, the presence of abdominal carcinomatosis or tumor seeding into the peritoneal cavity should be ruled out prior to potential surgery.



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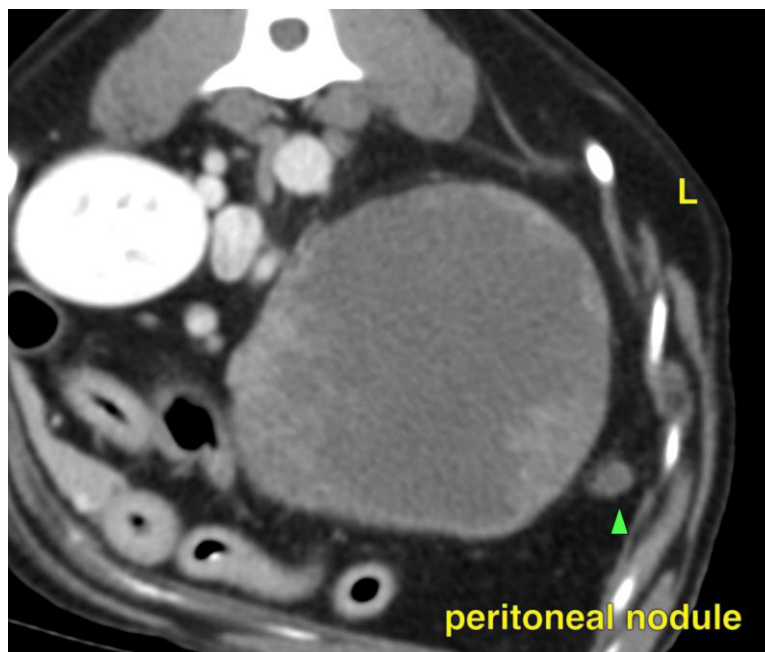
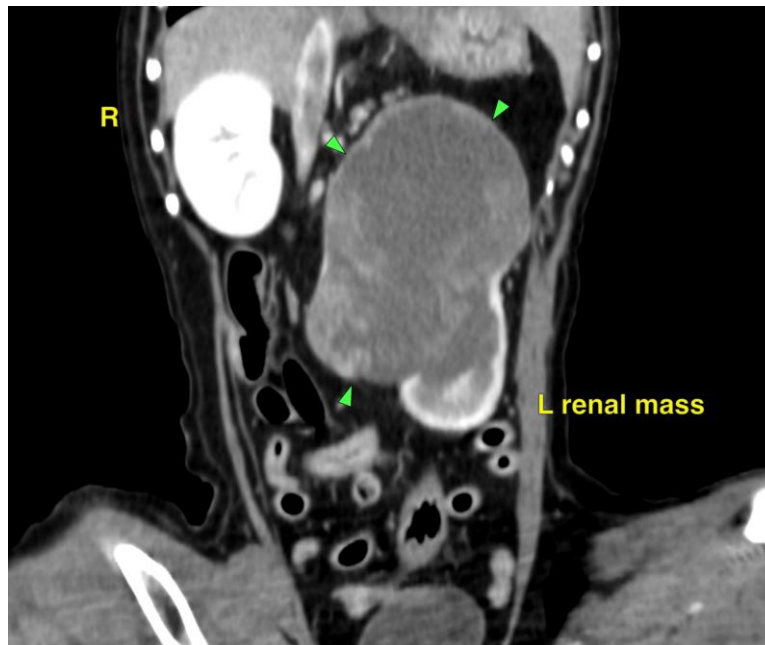
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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