

PATIENT

Winnie Comarin

SPECIES

Canine

BREED

Sharpei X

SEX

Spayed Female

AGE

11 Years

WEIGHT

25.2 kg

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Gardiner

INVOICE

35542

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History of liver mass with incomplete surgical resection in June 2024, Histo revealed a benign mass. Other nodules noted in liver at the time of surgery. Liver enzymes continued to elevate post surgically. Bloodwork performed in Sept showed anemia, elevated liver enzymes and elevated bile acids. Presented to referral hospital Nov 2, 2025 for acute abdominal distension and pain after consuming half of a deep-fried veal sandwich, normal dinner and a LOT of water. AFAST revealed a suspected splenic nodule and heterogenous liver. Moderate amount of fluid. Fluid obtained was serosanguinous, T.S of 7.4g/L and was modified transudate. PE unremarkable on recheck Nov 3. Has been on Gabapentin as needed and Denamarin, Omega.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 5.86 cm in length. The left kidney measured 5.66 cm in length.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The phrenic vasculature is unremarkable. The left adrenal gland measured 1.97 cm in length and 0.84 cm at the cranial pole and 0.75 cm at the caudal pole. The right adrenal gland was not definitively visualized.

Spleen

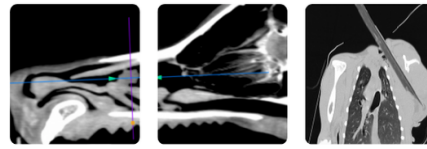
The spleen is nearly completely effaced with cavitated roughly spherical splenic nodules and masses. There is surrounding free fluid.

Liver

The liver is enlarged and rounded with a diffusely mottled heterogenous nodular echotexture and scalloping of multiple liver borders.

Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

Abdominal effusion is present.

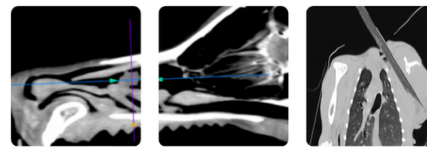
ULTRASONOGRAPHIC FINDINGS

- Spleen effaced with cystic masses
- Diffuse nodular liver changes with mottling of normal echotexture
- Abdominal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diffuse splenic masses are most concerning for neoplastic invasion of the spleen. A metastatic neoplasia, such as hemangiosarcoma, is more likely, given the presence of multiple masses. Liver changes may be benign and related to previous hepatopathy, however, given blood work changes and significantly elevated bile acids, liver dysfunction is suspected. Portal hypertension is likely playing a role in abdominal effusion, though this cannot be determined by ultrasound alone.

Abdominal explore with plan for splenectomy and liver biopsy could be considered. Splenic aspirate could also be considered, though cavitated masses have a high risk of being nondiagnostic. Submission of abdominal effusion for cytology may provide a diagnosis.



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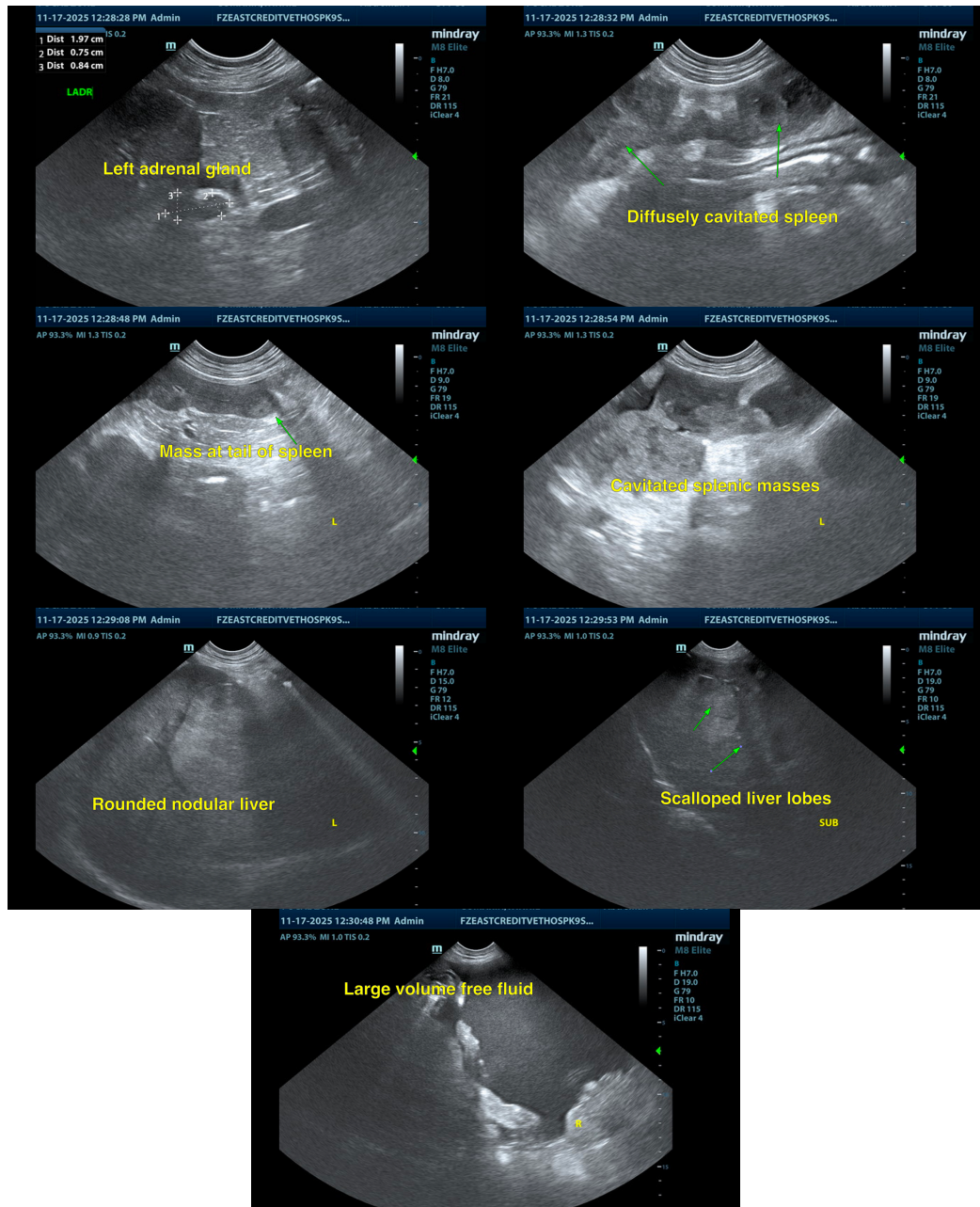
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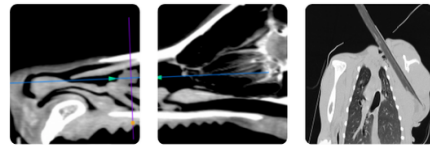
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com