



## PATIENT

Theodore Aguilar

## SPECIES

Canine

## BREED

Havanese

## SEX

MN

## AGE

9yr

## WEIGHT

7.3kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Gira

## HOSPITAL NAME

Healthy Paws Forward

## REFERRING VET

Dr Hamed

## INVOICE 23586

## DATE

01/16/2026

## PRESENTING CLINICAL SIGNS

Mass on tail that requires removal. Pre Sx met check. Elevation of ALT , ALP. Currently on liver supplements. PUPD. ALP has gone back to normal after liver supplementation was started

Abnormal PE/Chem/CBC/UA Results: attached

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination were present in the kidneys. 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 symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.1 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology

### Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.48 cm width in the caudal pole. The right adrenal gland measured 0.48 cm width in the caudal pole.

### 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

The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and moderate congealed yet congealed to non-dependent, non-organized debris. 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.



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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.

## SPECIES

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### *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.

## BREED

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### *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## SEX

MN

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Benign hepatopathy.
- Non-organized gallbladder debris (non-mucocele)
- Mild age-related renal changes with mild medullary mineral.

## AGE

9yr

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

7.3kg

No evidence of primary or metastatic abdominal or retroperitoneal neoplastic criteria. Adrenal testing could be considered if clinical signs consistent with Cushing's syndrome are present. Continued hepatosupportive medications with clinical and as needed sonographic monitoring if the patient is non-clinical is recommended.

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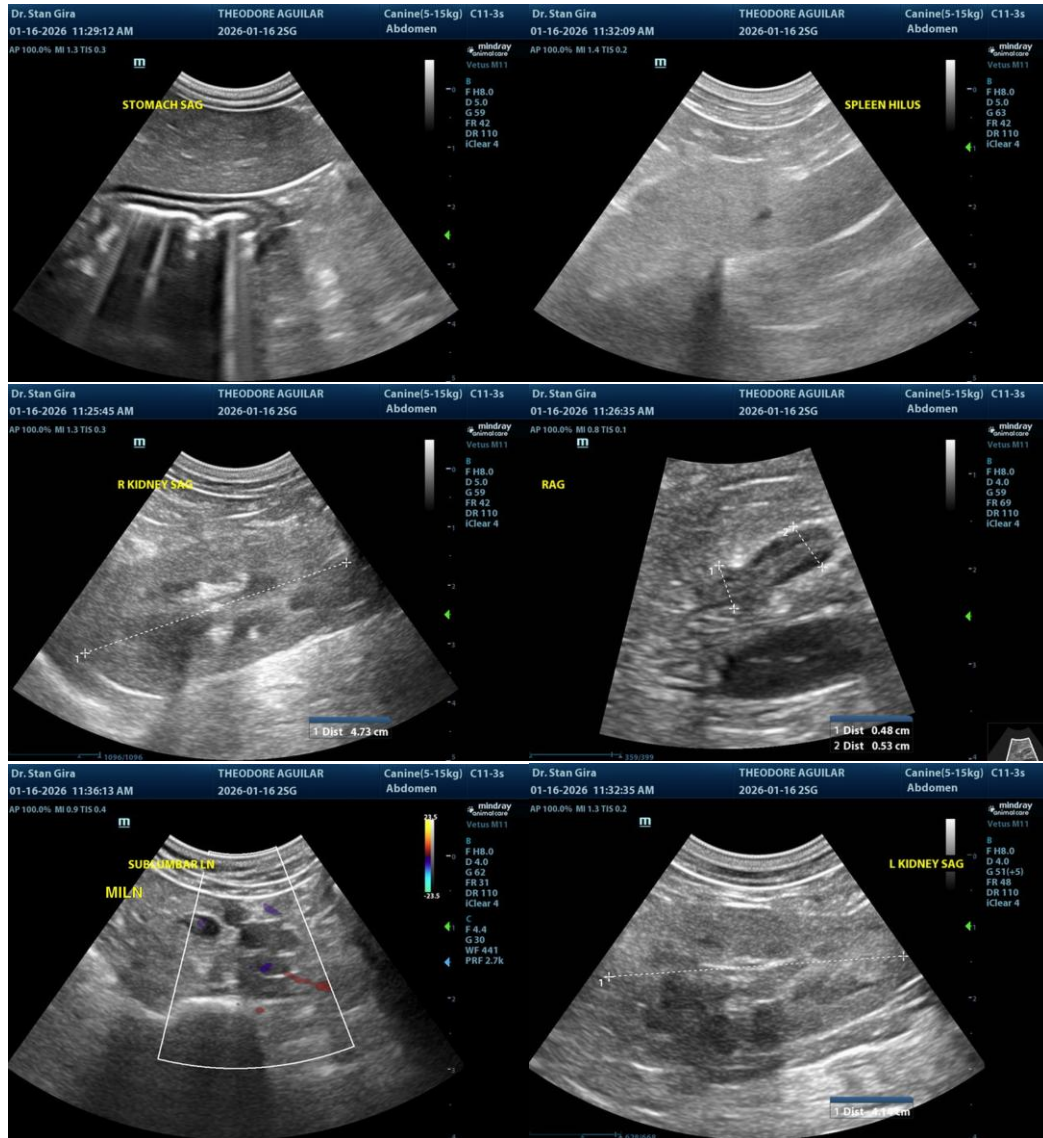
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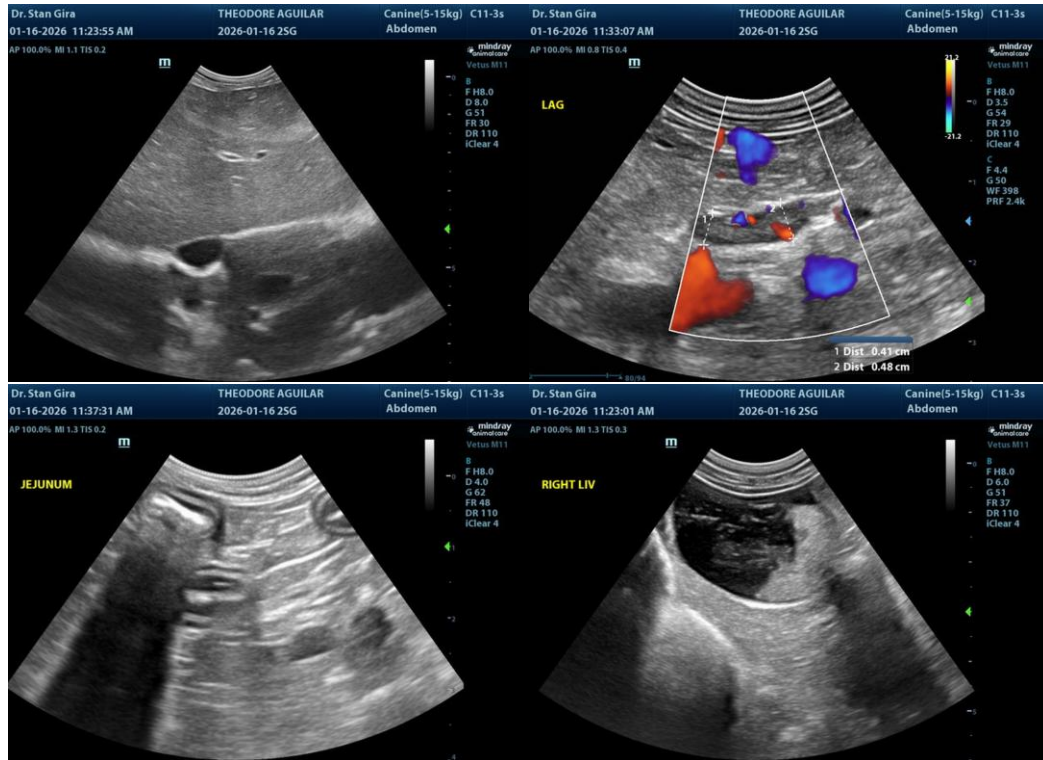
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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