



**PATIENT**

Pepper Elder

**PRESENTING CLINICAL SIGNS**

Patient presented for lethargy starting last evening , and was whining , she didn't eat this am but drank alot, had good app yesterday though.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC - NEU 12.70 (3.05-12.1), EOS 0.03 (0.04-1.28), RET 122.7 (9-115), RET% 2.32 (0.16-1.95), PLT 101 (140-520), PCT 0.091 (0.120-0.7) Chemistry - BUN 50.5 (9-29), Phosphorus 5.9 (1.9-5), Calcium 8.3 (9-12.2), Total protein 4.5 (5.5-7.6), Globulin 1.8 (2-3.6), Glucose 139 (75-125) Blood gas - pH 7.32 (7.36-7.46), BE, ECF -5.7 (-5-5), Lactate 4.39 (0.6-3), BUN 40 (7-26), Glucose 136 (63-124), HCT 32 (36-55) Radiographs - fluid in the abdomen

**BREED**

Shih Tzu

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

FS

**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.

**AGE**

8yr

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

**WEIGHT**

6.38kg

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Erin Wicks

**Spleen**

A mass involving the mid to caudal spleen with secondary asymmetrical capsule expansion and disruption was present and measured 3.6 cm in diameter. The parenchyma of the mass was heterogeneous to mixed echogenic with areas of cavitation. Separate mildly expansive yet non-capsule deforming non-homogeneous hypoechoic mid to cranial splenic nodules were present, an example measured 1.4 cm in diameter. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional omental inflammation was present around the mass.

**HOSPITAL NAME**

Shores Veterinary  
Emergency Center

**REFERRING VET**

Dr Sath

**Liver/Gallbladder**

The liver was non-congested in appearance with overall normal hepatic size and mild parenchymal remodeling. Concurrent discreet hepatic intraparenchymal nodules were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**  
23852

**DATE**  
02/10/2026



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## 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 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 visualized overt lymphadenopathy was present.

Moderate volume echogenic peripheral effusion.

Generalized mild non-homogenous omental hyperechogenicity.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Splenic mass with concurrent mildly expansive splenic nodules
- Liver mass
- Echogenic peritoneal effusion.
- Normal bilateral kidneys.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, multicentric hepatosplenic neoplastic criteria is met with multicentric sarcoma suspected. Secondary hemoabdomen is likely. Curative surgical options appear to be precluded. An unfavorable prognosis is indicated.



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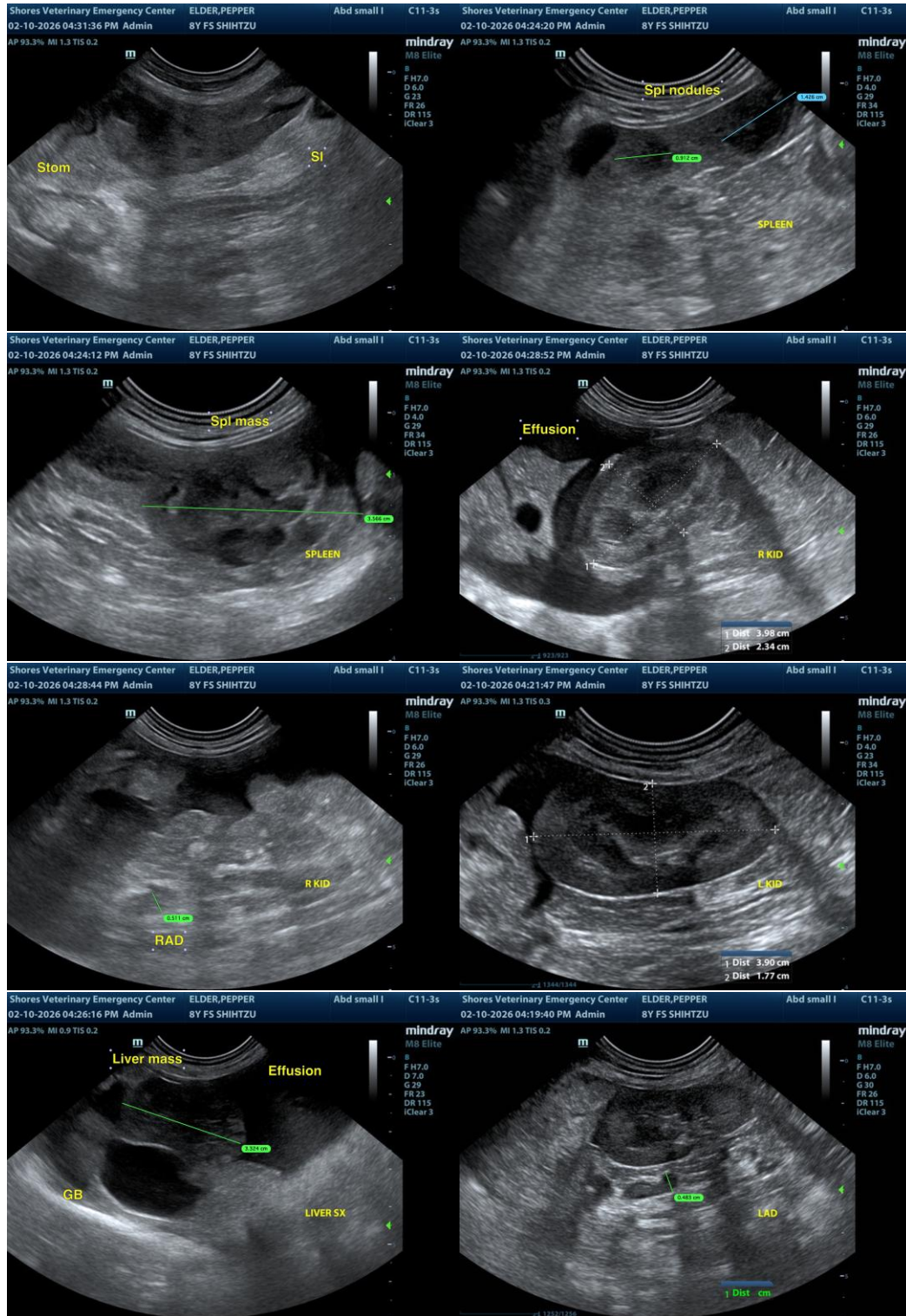
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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[info@sonopath.com](mailto:info@sonopath.com)

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