



PATIENT PRESENTING CLINICAL SIGNS

Tequila Arruda

History:

SPECIES

Canine

- Not doing well for about 3-4 days
- 13-year-old unspayed recommended bloodwork
- both eyes are cloudy
- mild bulky abdomen
- Current Meds: has been on Aventi liver Complete

BREED

Sharpei X

SEX

Female Intact

Abnormal PE/Chem/CBC/UA Results: SuperChem Total Protein 76 50-74 g/L HIGH- mild high Albumin/Globulin Ratio 1.2 0.8-2.0 Ratio AST(SGOT) 47 15-66 U/L ALT(SGPT) 537 12-118 U/L HIGH Alkaline Phosphatase 7596 5-131 U/L HIGH Result Verified GGTP 83 1-12 U/L HIGH Result Verified Bilirubin, Total 3.2 0.0-5.1 umol/L BUN 4.9 2.1-11.1 mmol/L Creatinine 64 44-141 umol/L SDMA 11.5 <14.0 ug/dL Bun/Creatinine Ratio 77 Ratio Phosphorus 1.26 0.81-1.94 mmol/L Glucose 5.4 3.9-7.7 mmol/L Calcium 2.87 2.23-2.85 mmol/L HIGH Magnesium 0.9 0.7-1.3 mmol/L Sodium 151 139-154 mmol/L Potassium 5.4 3.6-5.5 mmol/L Sodium/Potassium Ratio 28 27-38 Ratio Platelet Count 765 170-400 109/L HIGH Platelet Estimate INCREASED ADEQUATE HIGH

AGE

13y

WEIGHT

40 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No obvious pathology visualized in the area of the uterus.

The left ovary was normal in size, position and shape. The right ovary was not definitively visualized. The left ovary measured 2.2 cm in diameter.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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. The left kidney measured 6.3 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position and shape. The right adrenal gland was indistinctly visualized subjectively measuring 0.55 cm width in the caudal pole. The left adrenal gland measured 0.62 cm width at the caudal pole.

Spleen

The spleen was not definitively visualized.

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

Sandhu

INVOICE

13207

DATE

2/17/26



PATIENT

Tequila Arruda

SPECIES

Canine

BREED

Sharpei X

SEX

Female Intact

AGE

13y

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

Sandhu

INVOICE

13207

DATE

2/17/26

Liver

The liver was subjectively normal in size, structure, and contour with normal vascular volume. The liver parenchyma was mild nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Indistinct to non-homogeneous possible mid to deep liver intraparenchymal mass was noted measuring 5.0 cm in diameter. The gallbladder was non-distended in size with thin walls and 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 contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The visualized segments of the small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty to the level of the colon.

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

Moderately size to mildly non-homogeneous mid to cranial abdomen mass appearing to derive from the caudal ventral liver and extending past the level of the gastric axis measuring ~15.0 cm in diameter.

PRIMARY FINDINGS

- Mid to cranial abdomen mass – most consistent with caudally expanding liver mass
- Possible concurrent separate indistinct mid to deep liver intraparenchymal mass
- Normal gallbladder

SECONDARY FINDINGS

- Mild shadowing gastric ingesta
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using 25-gauge needle, mass FNA cytology could be considered for further clarification. Non-hepatic mass impinging upon the caudal ventral liver, i.e. non-obvious splenic mass given non-visualized spleen thought less likely with suspect splenic displacement or volume contraction. No overt visualized pathology associated with the uterus or bilateral ovaries.



PATIENT

Tequila Arruda

SPECIES

Canine

BREED

Sharpei X

SEX

Female Intact

AGE

13y

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

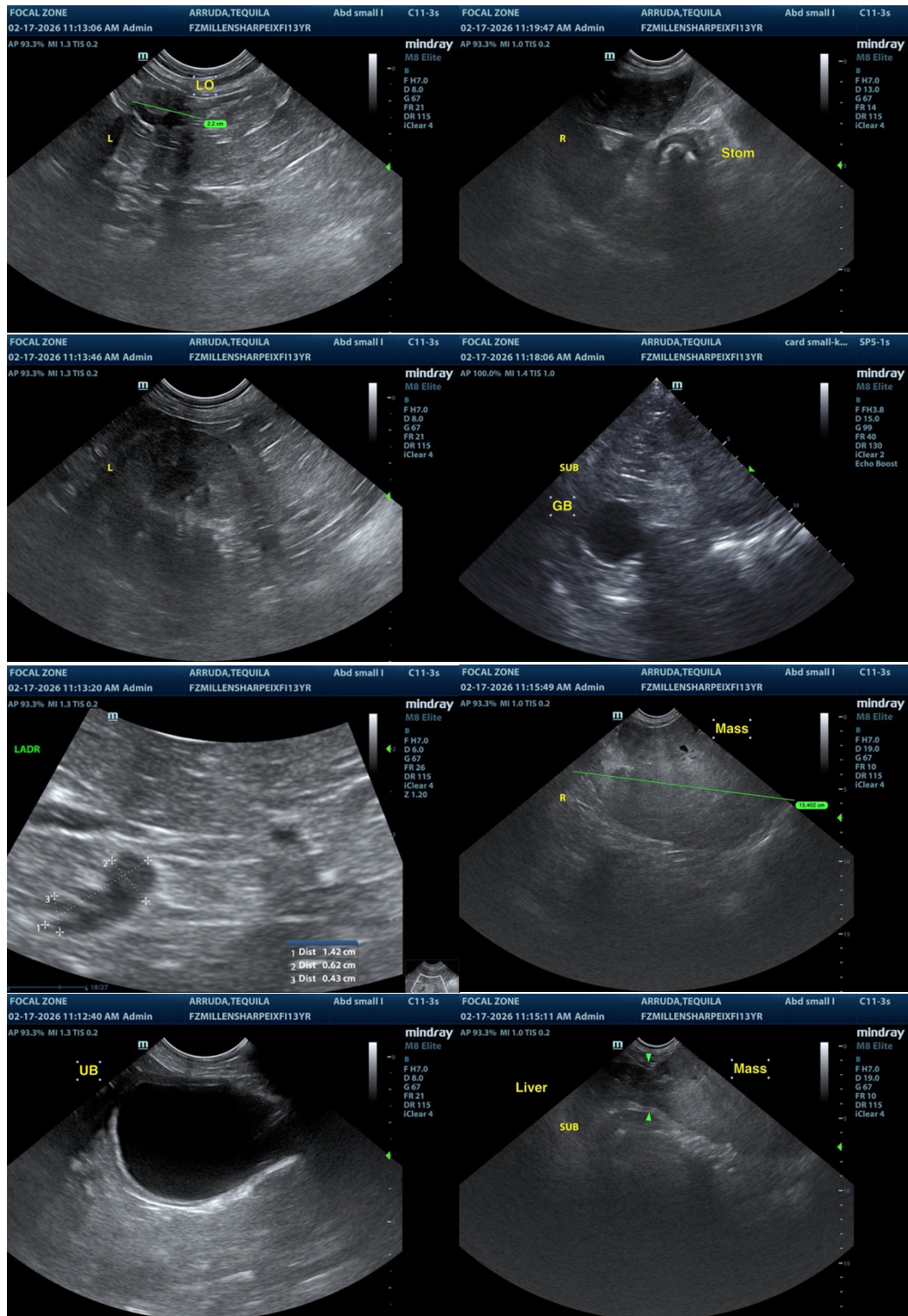
Sandhu

INVOICE

13207

DATE

2/17/26





PATIENT

Tequila Arruda

SPECIES

Canine

BREED

Sharpei X

SEX

Female Intact

AGE

13y

WEIGHT

40 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Millen Road AH

REFERRING VET

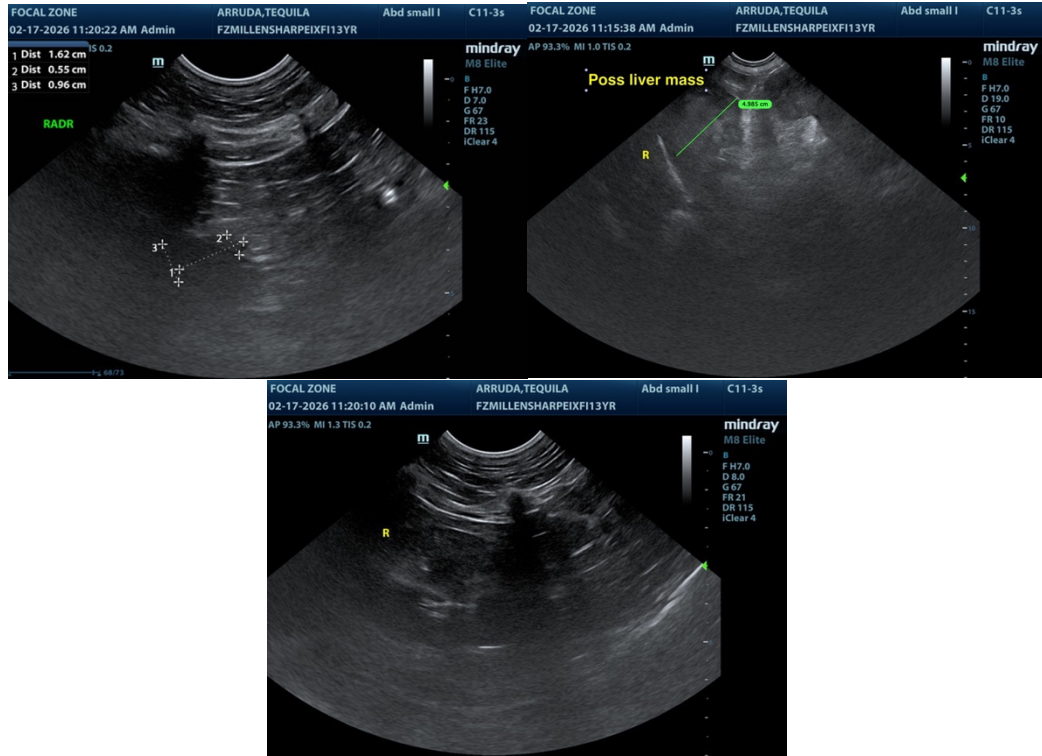
Sandhu

INVOICE

13207

DATE

2/17/26



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