

PATIENT PRESENTING CLINICAL SIGNS

Forbin Schatzman Acute onset of senior-like episode with vomiting and lateral recumbency all day today.
Bloodwork: ALT and ALP in 200s. Mild neutrophilia.
SPECIES Chest x-rays unremarkable. Abdominal x-rays suspected scant ascites.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Mixed

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, appear normal.

SEX

Neutered Male

The prostate is normal in size (0.85 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

12 years, 10 mos

The left kidney is normal in size (6.70 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

WEIGHT

78 lbs

The right kidney is normal in size (7.12 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature appears normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

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Adrenal Glands

The left adrenal gland is normal in size (0.64 cm at cranial pole) (0.63 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

HOSPITAL NAME

Pet Vet AH
Mt Pleasant

The right adrenal gland is in normal size (1.68 cm at cranial pole) (0.64 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

REFERRING VET

Dr Luke

Spleen

The spleen is normal in size (1.85 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is mottled in appearance. No focal lesions are observed. Splenic vasculature appears normal.

Liver

INVOICE

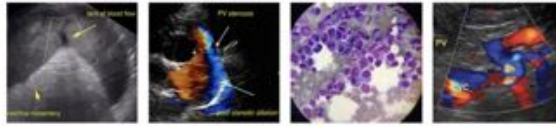
13907

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

DATE

7.31.23

The gall bladder is moderately distended. The wall is thickened (up to 0.57 cm), hypoechoic and edematous. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



PATIENT *Gastrointestinal*

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The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly to moderately distended with fluid and ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

A small amount of anechoic free fluid is present. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals moderate pericardial effusion. An approximately 3.10 cm mottled, slightly cavitated mass is observed in the right atrial free wall at the level of the tricuspid valve. Cardiac tamponade is suspected.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right atrial mass with pericardial effusion. Neoplasia (i.e., hemangiosarcoma) is the top differential.
- The gallbladder wall changes and ascites is likely secondary to cardiac tamponade/right-sided congestive heart failure.

Secondary Findings

- The splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or infiltrative neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A full echocardiogram with therapeutic pericardiocentesis can be considered. However, the prognosis is considered guarded-to-poor, with a strong likelihood of recurrence of the pericardial effusion in hours to weeks following pericardiocentesis.



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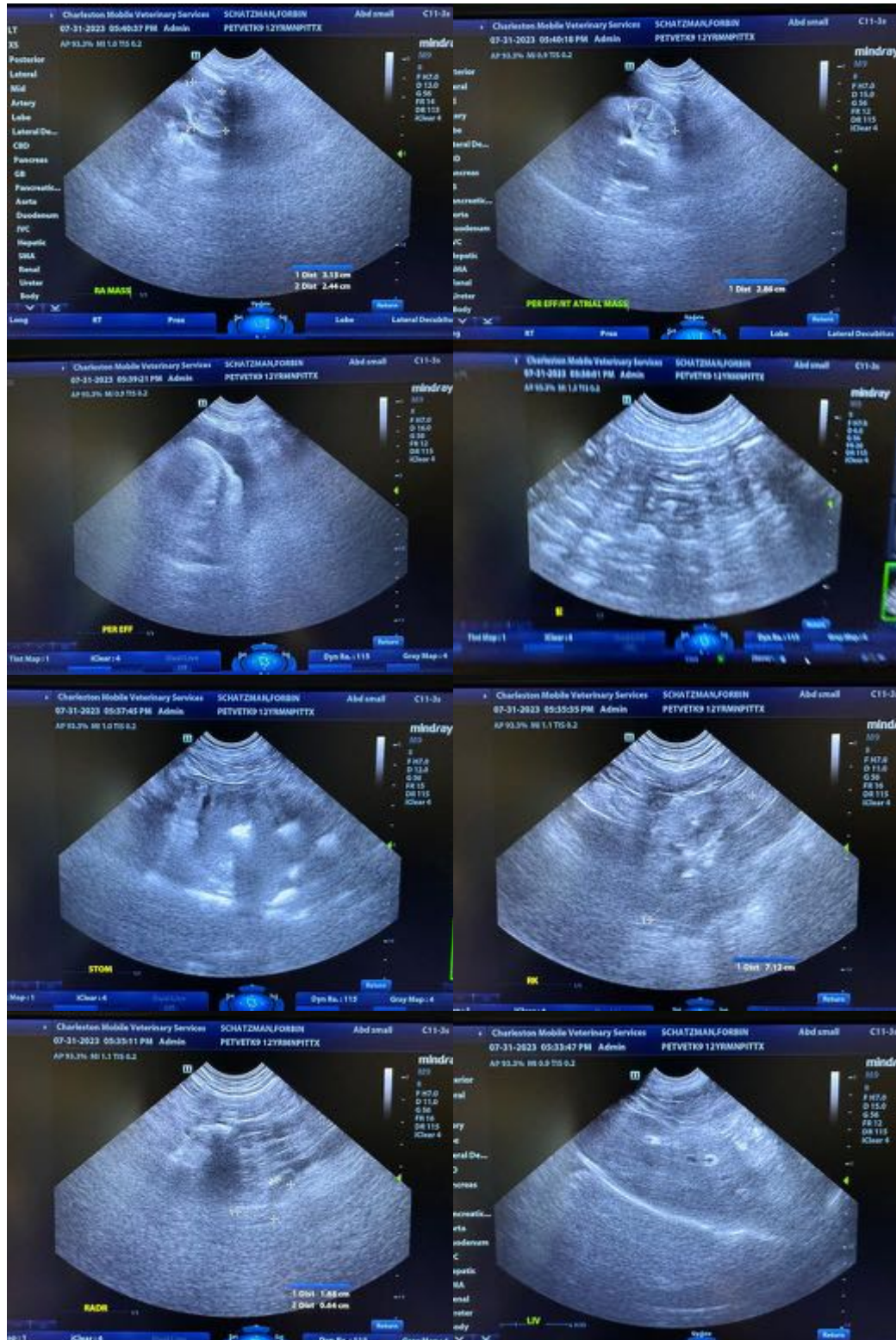
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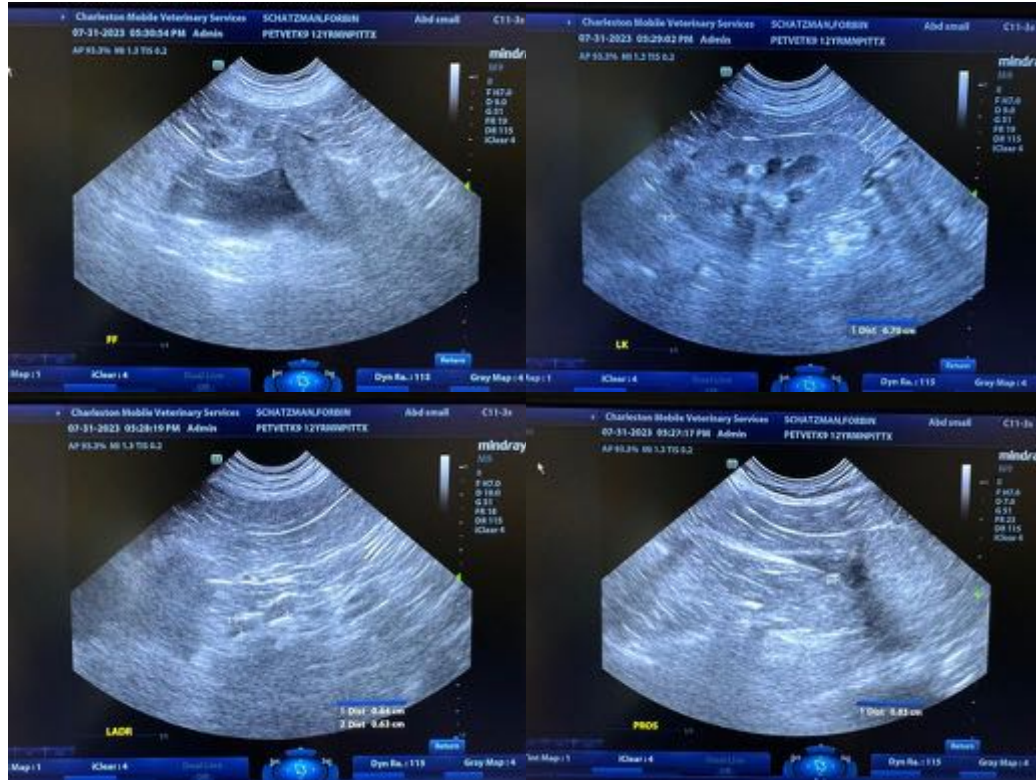
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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