



PATIENT

Jackson Hockey

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered male

AGE

11 years

WEIGHT

49.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenny Wenrich

HOSPITAL NAME

Straley VA

REFERRING VET

Dr. Wenrich

INVOICE

70923

DATE

1/26/26

PRESENTING CLINICAL SIGNS

- Sudden collapse on Saturday w/ staggering/disorientation, has improved over the weekend, anorexia, vomiting bile, 15 lb. weight loss in past year
- PE: arrhythmia, 3 view thoracic radiographs: cardiomegaly, VHS 13.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.5 cm. The right kidney measured 6.3 cm.

Adrenal Glands

The left **adrenal gland** revealed uniform enlargement and measured 1.06 cm. The region of the right adrenal gland was unremarkable.

Spleen

The **spleen** revealed a mildly complex mass at the cranial pole measuring 3.4 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Uniform hepatic parenchyma was noted with secondary ascites owing to passive congestion. The liver revealed a hypoechoic nodule with disruptive architecture. This is strongly consistent with a metastatic lesion. Other smaller nodules are also noted in the liver with disrupted architecture. The hepatic veins were significantly dilated. The gallbladder was edematous owing to ascites.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Gastric stasis was noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Heart

A severe amount of pericardial effusion was noted with tamponade effect and collapse of the right auricle. Right auricular mass was noted and measured 3.8 cm. Significant arrhythmogenic activity was noted.

ULTRASONOGRAPHIC FINDINGS

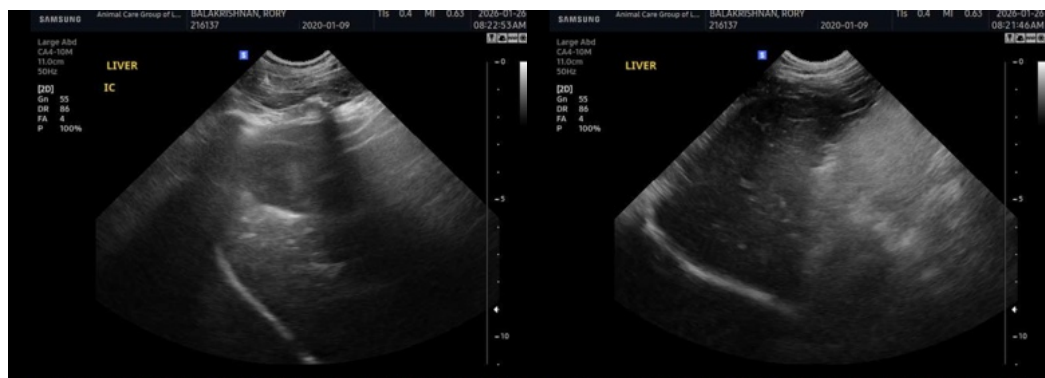
Right auricular mass with pericardial effusion and right auricular collapse.

Splenic mass and ascites. The ascites may be owing to both passive congestion if transudate is present and/or hemorrhage for abdominal +/- hepatic pathology.

Hypoechoic hepatic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multi-centric hemangiosarcoma is likely in this patient. The prognosis is poor. Pericardiocentesis with immediate chemotherapeutic intervention is recommended.





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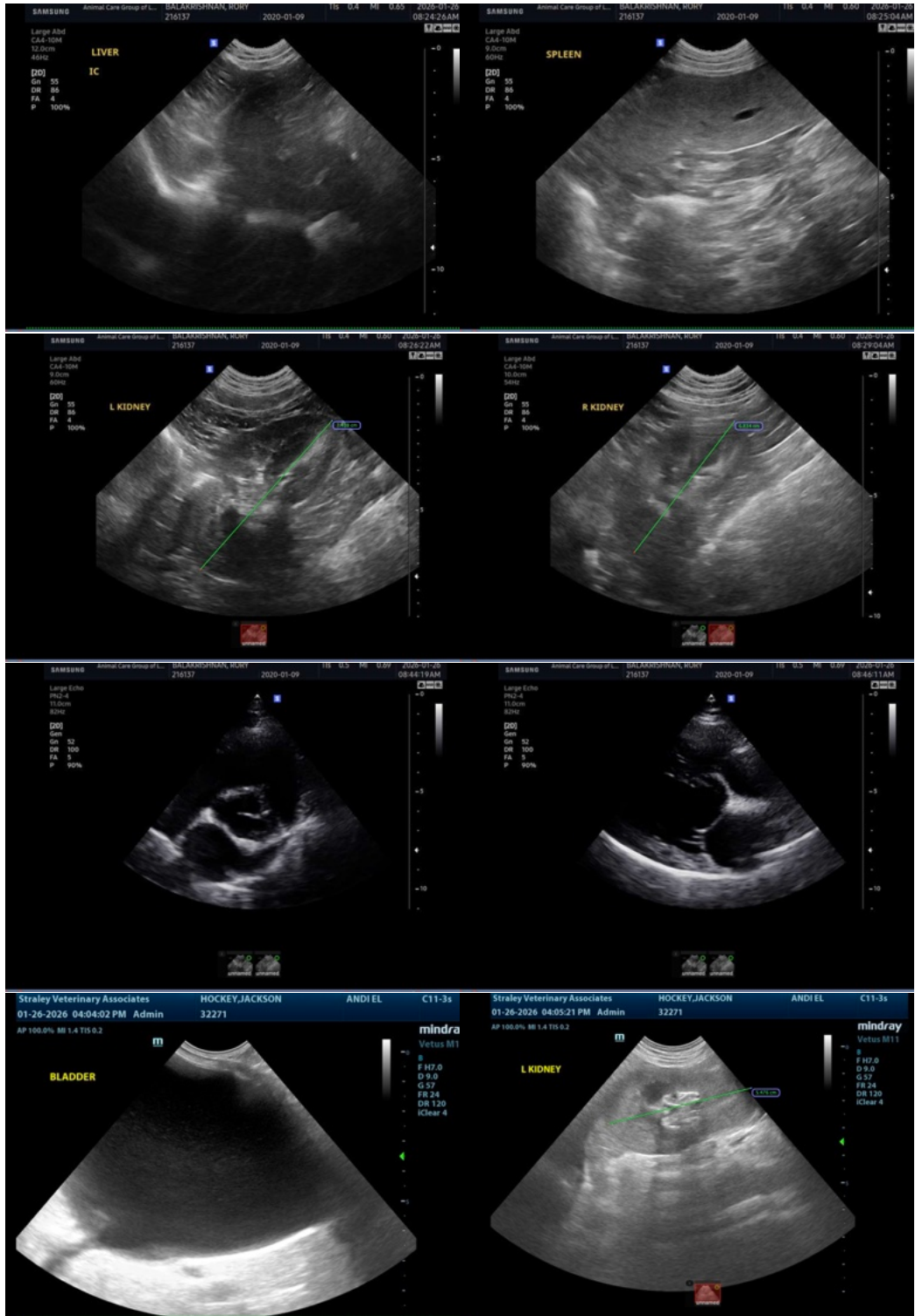
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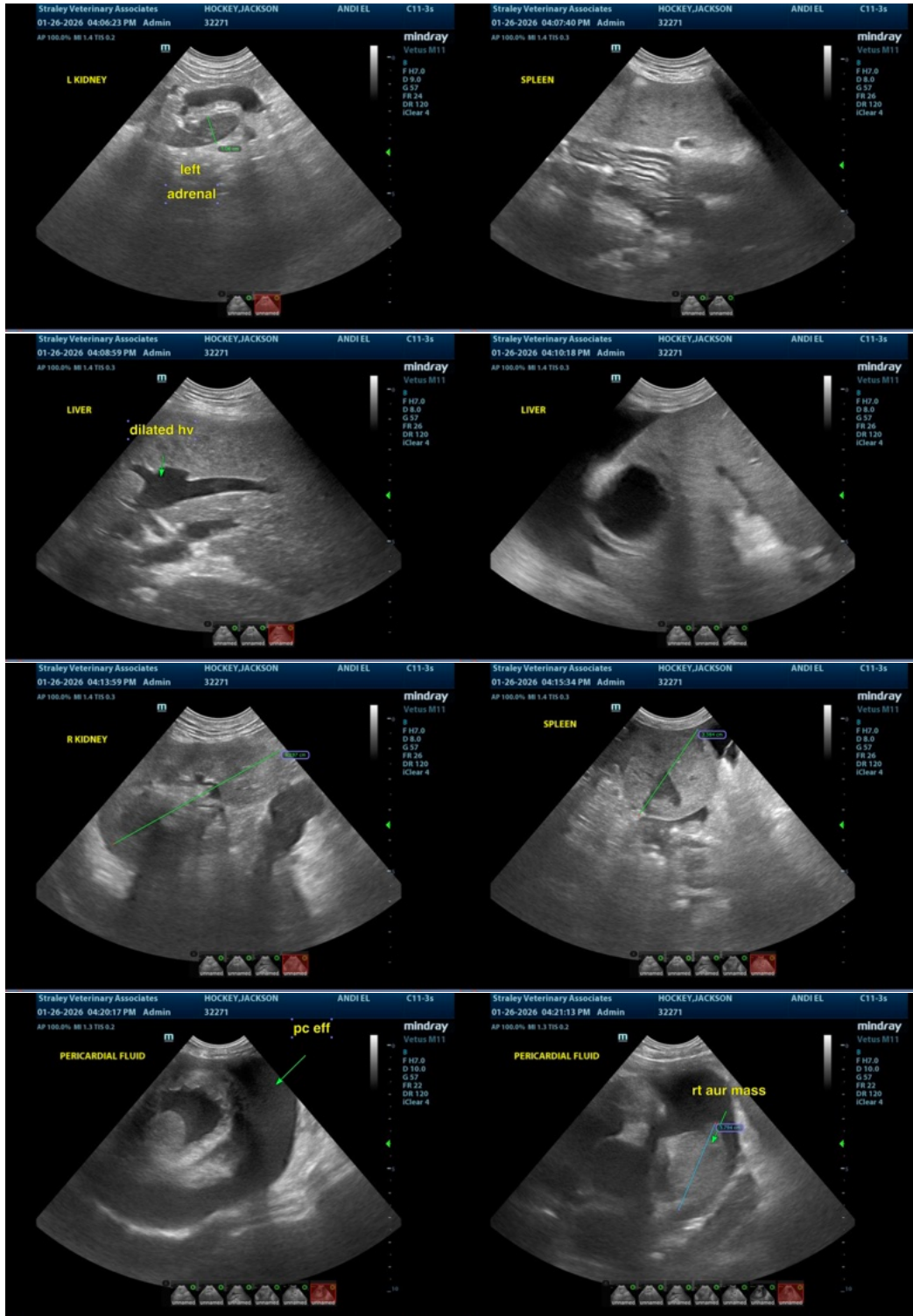
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com