



PATIENT

Mario Thomas

SPECIES

Canine

BREED

Irish Setter

SEX

Neutered male

AGE

11 years

WEIGHT

45 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Alison Cornwall

HOSPITAL NAME

Onion River AH

REFERRING VET

Dr. Cornwall

INVOICE

71822

DATE

2/24/26

PRESENTING CLINICAL SIGNS

- Presented for ADR and hyporexia 3 days. What sounded like collapse. Muffled heart sounds. No fever. Grunting / sounding painful and unable to get comfortable in exam room.
- Splenic eval NSF save one region near hilus with cavitations, but didn't look like typical splenic mass.
- Abdominal free fluid yellow, modestly turbid, total solids 4.2.
- PT/PTT normal and no rodenticide exposure No anemia, modest neutrophilia. Modest elevations ALT, ALP

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient revealed normal left and right sided volumes with adequate contractility. All four chambers were unremarkable other than slight collapse at the right auricular free wall owing to pericardial effusion. This is indicative of early tamponade. Pleural effusion was also noted. There were no overt masses noted. However, I am strongly concerned for a neoplastic process given the splenic nodular change, which was disruptive. Periodic arrhythmogenic activity was noted.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	LA/AO (Heart Base)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT			NM		25	NM	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	90			45 lbs	3.3 max	2.87	

ULTRASONOGRAPHIC EXAMINATION OF THE SPLEEN

Limited views of the **spleen** revealed a mixed hypoechoic nodule with minor heterogenous changes noted elsewhere. The splenic nodule measured 1.7 cm.

Ascites was also noted in the abdomen, presumed to be hemorrhage from the splenic lesion or secondary ascites owing to passive congestion.



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ULTRASONOGRAPHIC FINDINGS

Slight collapse at the right auricular free wall owing to pericardial effusion. Indicative of early tamponade.

Pleural effusion was also noted.

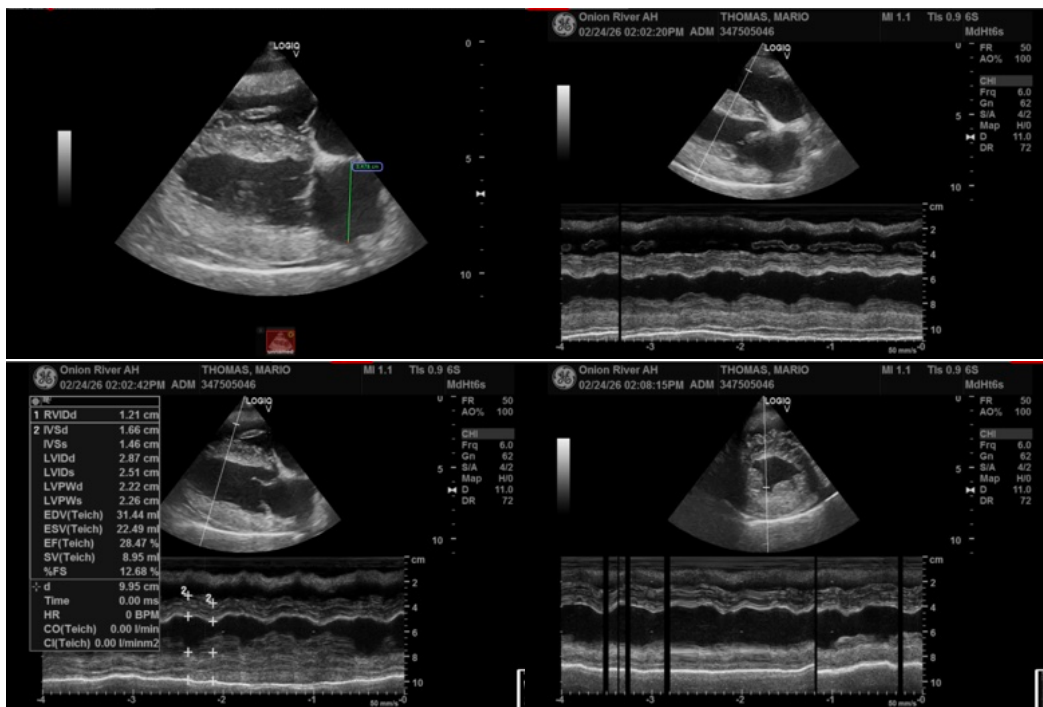
Periodic arrhythmogenic activity.

Splenic nodule.

Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pleurocentesis and pericardiocentesis is indicated, 25-gauge FNA of the splenic nodule is indicated as well as abdominocentesis. Cytospin of the free fluid is indicated to assess for exfoliating neoplasia. There is a strong concern for a neoplastic process. Idiopathic pericardial effusion is possible, yet would not explain the pleural effusion. Three view chest radiographs are indicated to assess for any pulmonary masses evident that were not present in the acoustic window.





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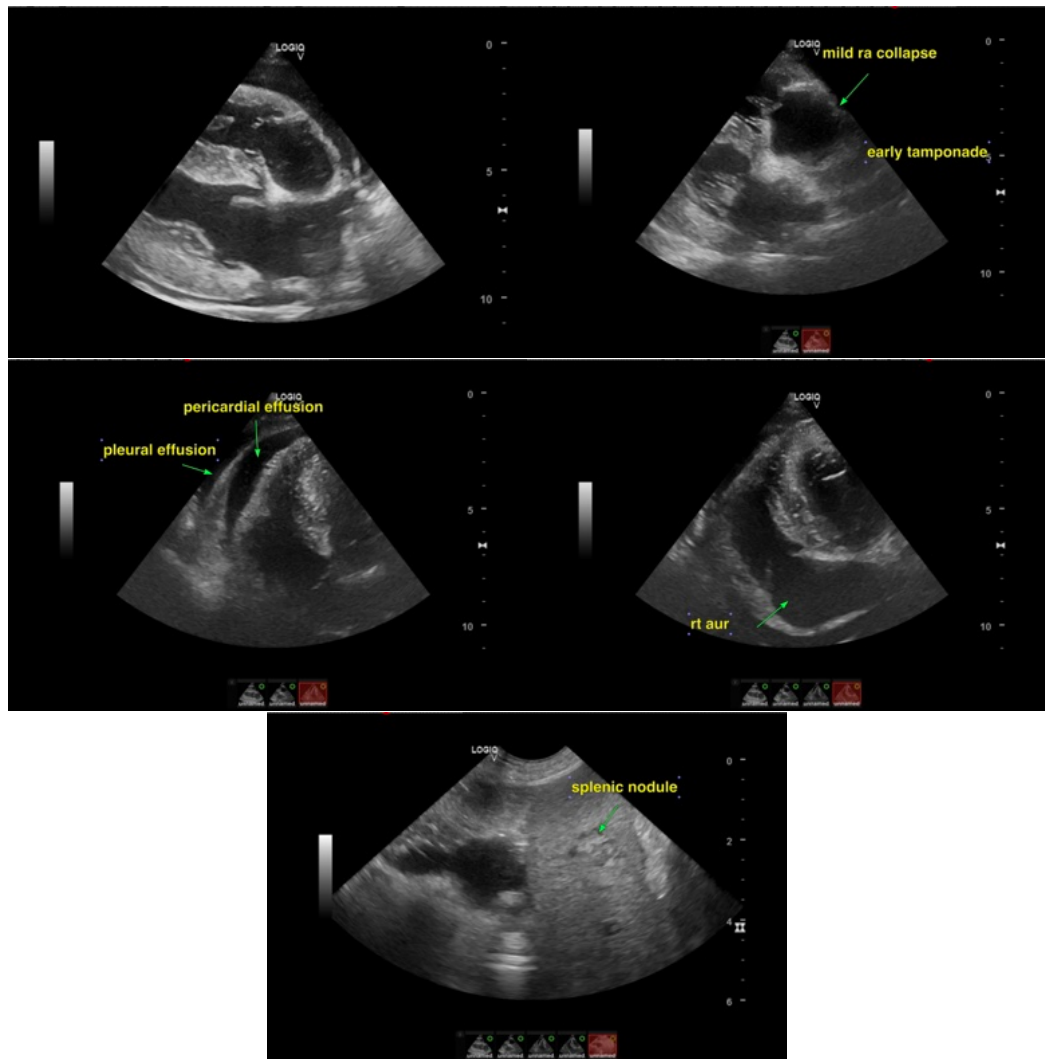
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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