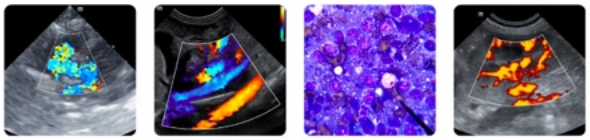

PATIENT

Rositta Frayn

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed female

AGE

12 years

WEIGHT

28.4 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex VS, ltd

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INVOICE

71413

DATE

2/9/26

PRESENTING CLINICAL SIGNS

- Presented for abdominal ultrasound due to gradual abdominal distention and overall decline noted since approximately January 18, 2026.
- Currently on prednisone and doxycycline (initiated last Wednesday for suspected dental infection). Still eating and drinking well.
- No vomiting or diarrhea reported.
- Occasional gagging/dry heaving episodes noted.
- T- 38.0 °C, HR- 122 bpm, RR 48, Respiratory Effort: Increased (1+ to 2+) MM/CRT: Pink, moist / <2 sec, Mentation: BAR, anxious, Hydration: Adequate, BCS: 4/5 Respiratory: Labored respirations Cardiovascular: Normal heart rate and rhythm Abdomen / GI: Markedly distended, firm abdomen, Suspected free fluid, Marked abdominal discomfort on palpation. CBC: No significant leukocytosis or anemia. RBC WNL Platelets adequate. Biochemistry: ALT and ALP mildly elevated, with normal bilirubin, albumin, and total protein. Renal values and electrolytes within normal limits. Mild stress hyperglycemia.

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.

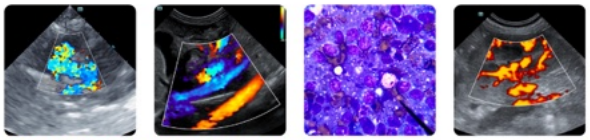
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.54 cm. The left kidney measured 6.12 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.5 cm at the cranial pole and 0.41 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** revealed generalized enlargement with heterogenous, hypoechoic nodular changes surrounded by free fluid. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. The vena cava was dilated as were the hepatic veins. This is consistent with passive congestion. The gallbladder was deviated caudally.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

Pancreas

The visible **pancreas** was unremarkable.

Free Abdomen

A large amount of ascites was noted in the abdomen.

Enhanced mesentery was noted throughout the cranial abdomen.

Heart

Rapid view of the heart revealed a mass that encompassed the majority of the heart base and impinged upon the pulmonary outflow causing volume overload of the right heart and secondary passive congestion. Right-sided volume overload was noted in the heart. The mass obstructed the pulmonary outflow secondary right-sided heart failure.

ULTRASONOGRAPHIC FINDINGS

Ascites owing to passive congestion.

Benign hepatopathy.

Heart base mass with secondary passive congestion.

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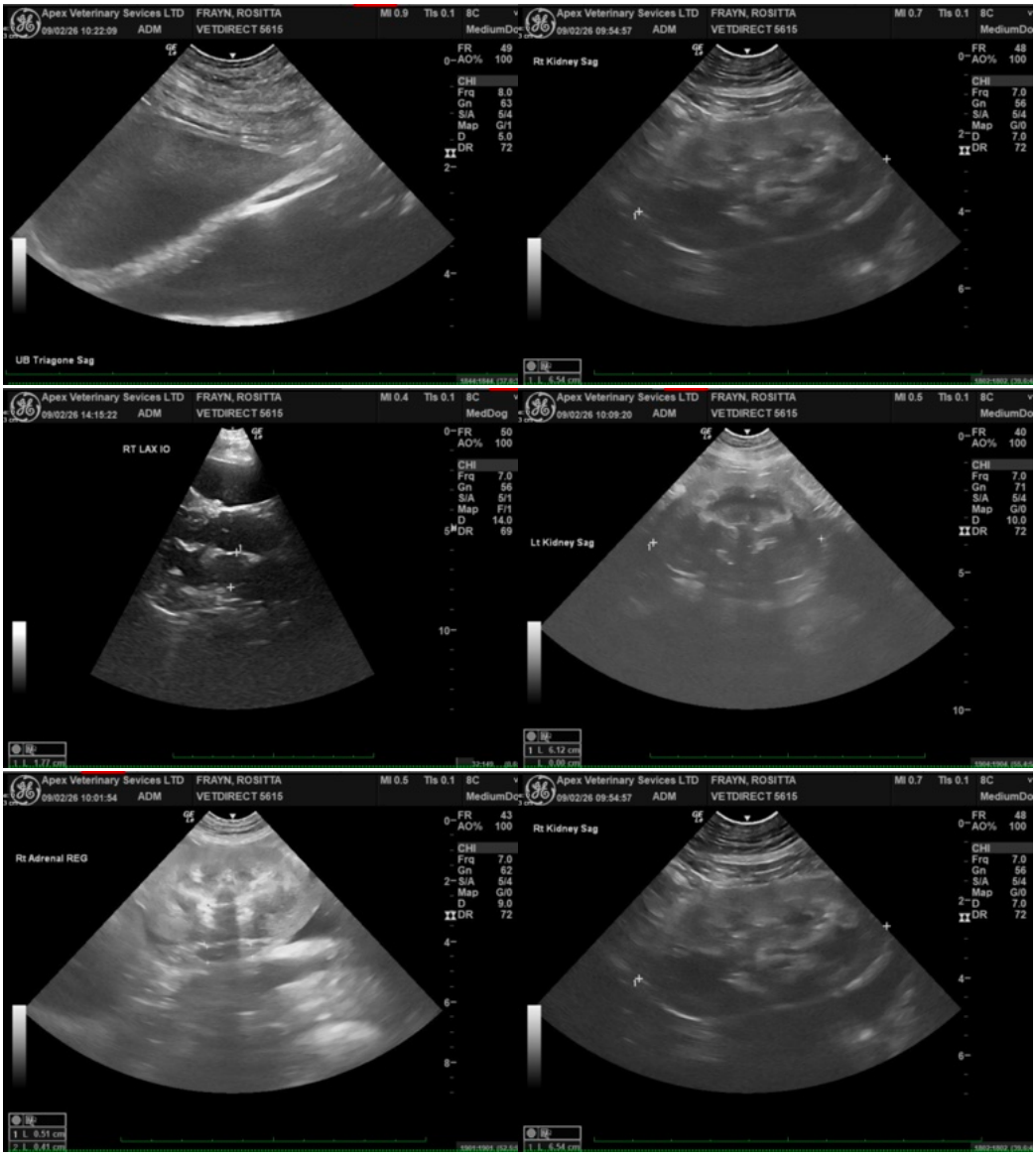
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac neoplasia is suspected.



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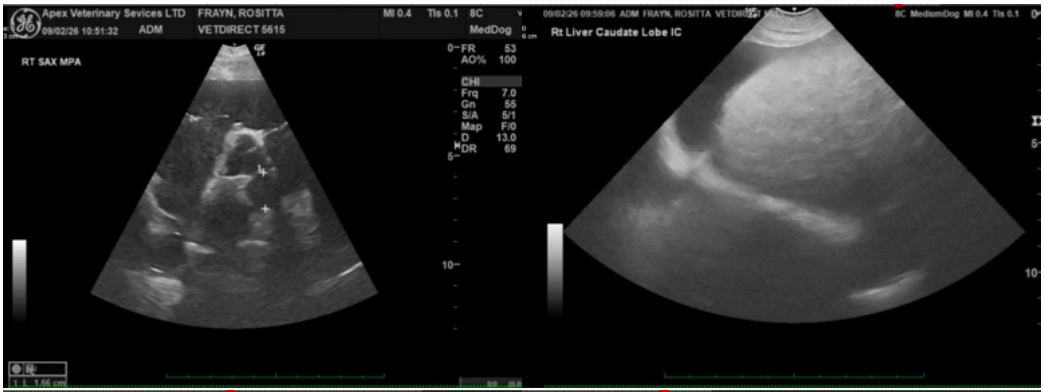

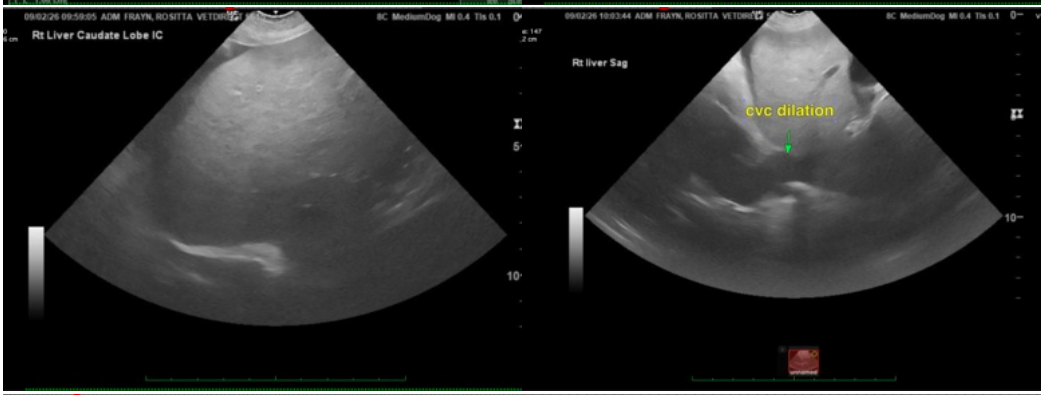

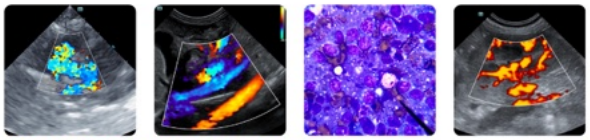

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com

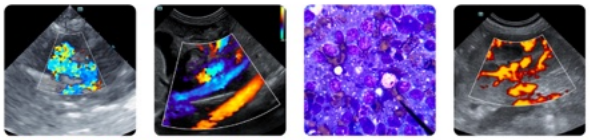
Pericardial Effusion and Cardiac Neoplasia

http://www.sonopath.com/CardiacNeoplasiaEffusion

Description: The pericardium is a fibrous sac that encloses the heart and the great vessels—aorta, pulmonary artery, proximal pulmonary veins, and vena cava—located at the heart's base. It is attached caudally to the diaphragm and under normal circumstances contains 1-15 mL of fluid. The latter is comprised of phospholipids that lubricate the heart and allow it to expand and contract without generating friction. The pericardium also fixes the heart, prevents excess motion, and links the diastolic distensibility of the ventricles, thus limiting the degree to which either the left or the right ventricle will distend during diastole. When there are acute changes in venous return (i.e., during exercise), the pericardium plays a critical role in limiting ventricular filling. In cases of chronic cardiac enlargement, the pericardium also becomes distended, and its ability to limit ventricular filling, especially when the heart is at rest, becomes compromised. Pericardial tamponade occurs when there is a rapid accumulation of fluid and the pressure inside the pericardium increases significantly. With tamponade, ventricular filling is restricted and cardiac output is decreased. The right atrium and ventricle are the most vulnerable to this condition as these compartments have thinner walls and a lower pressure.

Etiology: Causes of pericardial effusion include:

- Neoplasia
  - Right atrial (RA) hemangiosarcoma
  - Heart base (aortic body) tumors
  - Mesothelioma
  - Rhabdomyosarcoma
  - Ectopic thyroid carcinoma
  - Metastatic neoplasia
- Idiopathic
- Congestive heart failure
- Peritoneal-pericardial diaphragmatic hernia
- Pericardial cyst
- Hypoalbuminemia
- Infectious pericarditis (bacterial, *Coccidioides immitus*)



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- Feline infectious peritonitis
- Left atrial tear secondary to valvular disease
- Coagulopathy

The majority of neoplastic masses consist of hemangiosarcoma and heart-based tumors (chemodectomas or ectopic thyroid adenocarcinoma). Idiopathic pericardial effusion is a diagnosis of exclusion; the effusion is typically hemorrhagic. Approximately 50% of dogs will be cured with a single pericardiocentesis, while some dogs will require multiple pericardiocenteses as well as surgery. A peritoneal-pericardial diaphragmatic hernia is a congenital hernia seen in dogs and cats in which the abdominal contents (i.e., liver, small intestine, spleen, stomach) herniate into the pericardial sac. Constrictive pericarditis is an uncommon condition in which a non-distensible, thickened, fibrotic pericardium develops over time.

Clinical Signs: One will observe the following clinical signs, which often present in combination: ascites, lethargy, exercise intolerance, pale mucous membranes, weak pulses, *pulsus paradoxus*, and respiratory distress.

Diagnostics: Survey radiographs will reveal hepatomegaly, cardiomegaly (generalized or sectorial globoid), and small pulmonary vessels. Pulmonary edema is typically not found, although one may discover concurrent pulmonary metastatic disease. An ECG will show electrical alternans or small complexes, but often the changes are very subtle and difficult to detect.

Echocardiography is usually considered the gold standard for diagnosing pericardial effusion. Findings include:

- Anechoic space between the heart and the pericardium.
- Abnormal side-to-side cardiac motion.
- Decreased chamber size (right ventricle [RV] and left ventricle [LV]).
- Presence of a pericardial or cardiac mass.
- Tamponade with early diastolic RA and RV collapse.

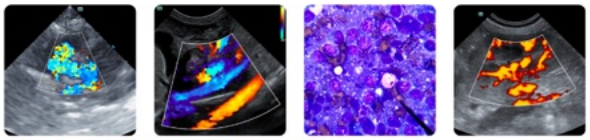
Cytology is helpful in the diagnosis of lymphoma, septic pericarditis, and idiopathic effusion, but not in cases of neoplasia.

According to a study that found troponin I levels to be higher in dogs with neoplastic pericardial effusion, the cardiac troponin I assay can be helpful in the diagnosis hemangiosarcoma.

Prognosis:

- Cardiac hemangiosarcoma: < 8 months with surgical debulking and chemotherapy.
- Chemodectoma (aortic derived): MST 730 days post pericardectomy.
- Idiopathic: 50% complete resolution post cardiocentesis; curative with pericardectomy, which can be done via thoracotomy, or thorascopy, or using a balloon to tear the pericardium.
- Mesothelioma: Poor.
- Restrictive pericarditis: Poor, especially when the pericardium has not been surgical stripped.

References:



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Cagle LA, Epstein SE, Owens SD, et al. Diagnostic yield of cytology analysis of pericardial effusion in dogs. *J Vet Int Med* 2014;28:66-71.

Feigenbaum H. Pericardial disease. In: Feigenbaum H, ed. *Echocardiography, 5th ed.* Philadelphia, PA: Lippincott, Williams & Wilkins; 1994:556-588.

Jackson J, Richter KP, Launer DP. Thorascopic partial pericardectomy in 13 dogs. *J Vet Int Med* 1999;13:529-33.

Johnson MS, Martin M, Binns S. A retrospective study of clinical findings, treatment and outcome in 143 dogs with pericardial effusion. *J Small Anim Prac* 2004;45:546-52.

Kienle RD, Thomas WP. Echocardiography. In: Nyland TG and Mattoon JS, eds. *Small Animal Diagnostic Ultrasound, 2nd ed*. Philadelphia, PA: WB Saunders; 2000:354-423.

Miller MW, Sisson DD. Pericardial disorders. In: Ettinger SJ and Feldman EC, eds. *Textbook of Veterinary Internal Medicine, 5th ed.* Philadelphia, PA: WB Saunders; 2000:923-36.

Rajagopalan V, Jesty SA, Craig LE, et al. Comparison of presumptive echocardiographic and definitive diagnoses of cardiac tumors in dogs. *J Vet Int Med* 2013;27:1092-96.

Shaw SP, Rozanski EA, Ruhs JE. Cardiac troponins I and T in dogs with pericardial effusion. *J Vet Int Med* 2004;18:322-24.

Sidley JA, Atkins CE, Keene BW, et al. Percutaneous balloon pericardiotomy as a treatment for recurrent pericardial effusion in 6 dogs. *J Vet Intern Med* 2002;16:541.

Sisson D, Thomas WP. Pericardial disease and cardiac tumors. In: Fox PR, Sisson D, Moïse NS, eds. *Textbook of Canine and Feline Cardiology, 2nd ed*. Philadelphia, PA: WB Saunders; 1999:679-701.

Sisson D, Thomas WP, Reed J, et al. Intrapericardial cysts in the dog. *J Vet Int Med* 1993;7:364-69.