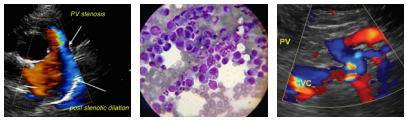
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

3/14/23

PATIENT

Luna Pederson

SPECIES

Canine

BREED

Great Dane Mix

SEX

Spayed female

AGE

4/1/11

WEIGHT

105.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Ruby

INVOICE

42359

PRESENTING CLINICAL SIGNS

Luna was diagnosed with a heart based tumor last September. Seen at Gaithersburg and had CT scan. Ration therapy done afterwards. She saw CVCA and had several pericardial taps via ER service during that time but the last one tore the pericardium and blood leaked into the pleural space. Since then, she's had no worsening of her pericardial effusion noted. She has been doing well since then with appetite and energy level as well. Currently on gabapentin, carprofen, codeine, and serotol. Last weekend owner noticed her abdomen distending and decreased appetite. She started eating some after an appetite stimulant. Now she has a cough starting.
Current Medications: Gabapentin, Carprofen, Codeine, Serotol.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Torb.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.72 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 left adrenal gland measured 3.63 x 0.98 cm at the cranial pole and 0.84 cm at the caudal pole. The right adrenal gland measured 2.79 x 0.66 cm at the caudal pole and 0.94 cm at the cranial pole.

Spleen

The **spleen** was heterogenous and mildly irregular. There were no overt masses noted.

Liver

The **liver** in this patient presented generalized enlargement with heterogenous, hypoechoic nodular changes and passive congestion pattern. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

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.

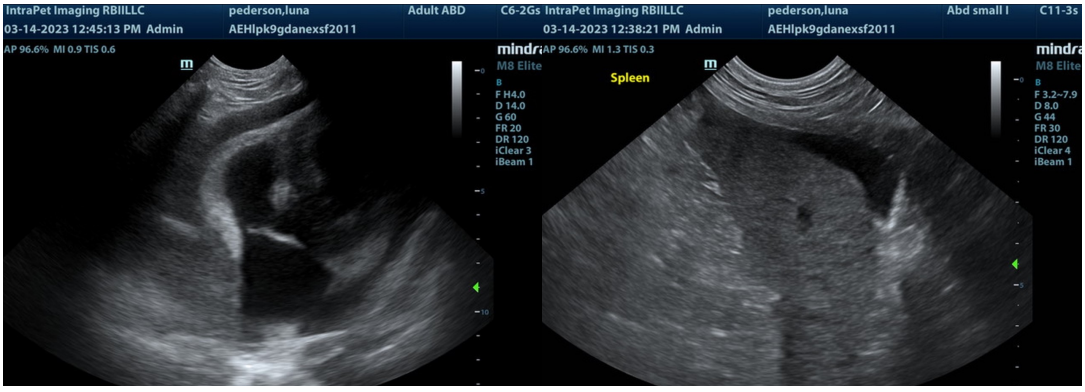
Pancreas
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

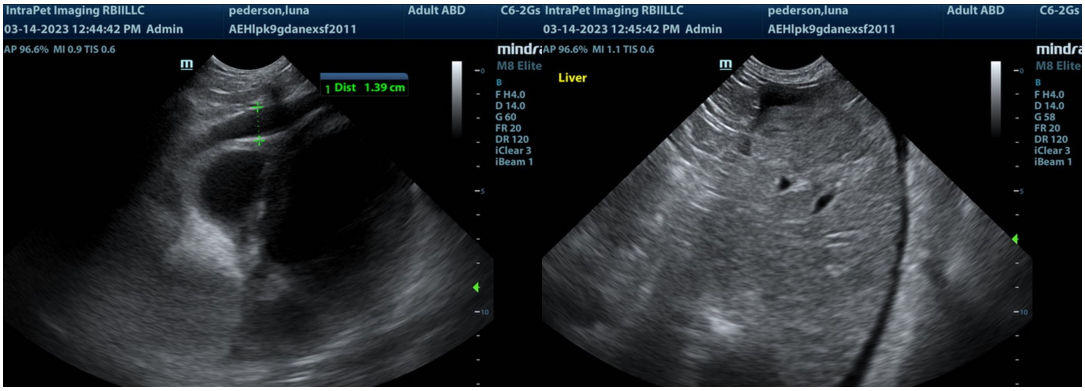
Free Abdomen
Ascites was noted in the abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART
The cardiac presentation revealed a 6.1 x 5.1 cm mass at the base of the right auricle with pericardial effusion. The pericardial effusion extended approximately 1.4 cm. The right auricular mass is in position for obstruction of vena cava inflow. This is likely a combined issue with pericardial effusion and physical obstruction by the mass. The mass encompasses the right auricle and therefore, collapse of the right auricular wall is not able to be evaluated to define the tamponade effect.

ULTRASONOGRAPHIC FINDINGS
Passive congestion liver pattern, likely cause of the ascites.
Expansive right auricular/heart base mass with pericardial effusion.
Nodular splenic and hepatic changes. Pronounced hyperplasia is likely, related neoplasia is possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
There is concern for obstruction of the vena cava inflow as cause of passive congestion with secondary abdominal ascites. Hemangiosarcoma, aortic body tumor and fibrosarcoma are all primary concerns. Oncological evaluation is recommended in this patient. I do not believe that pericardiocentesis will be adequately therapeutic in this patient. It makes the most sense that the passive congestion is being caused by physical tissue obstruction by the heart base mass. CT evaluation of the chest is recommended to confirm this suspicion.

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pederson,luna
Adult ABD
C6-2Gs
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IntraPet Imaging RBIILLC
pederson,luna
Adult ABD
C6-2Gs
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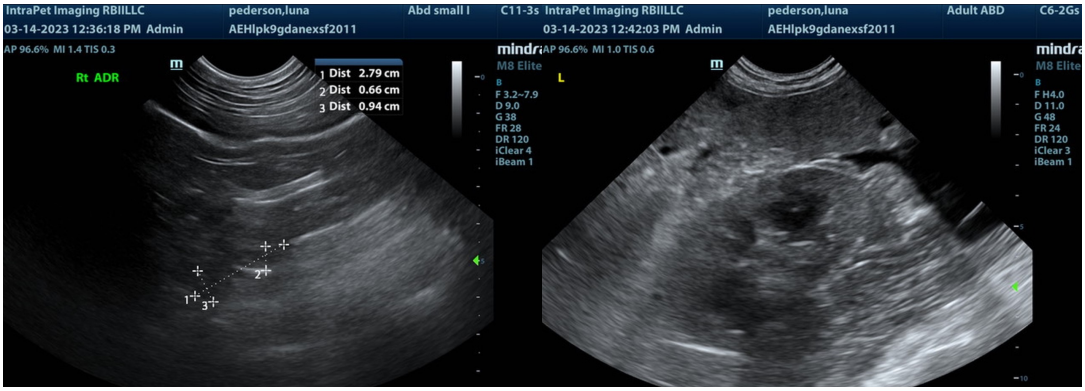
M8 Elite
Liver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C11-3s
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Rt ADR
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2 Dist 0.66 cm
3 Dist 0.94 cm
IntraPet Imaging RBIILLC
pederson,luna
Adult ABD
C6-2Gs
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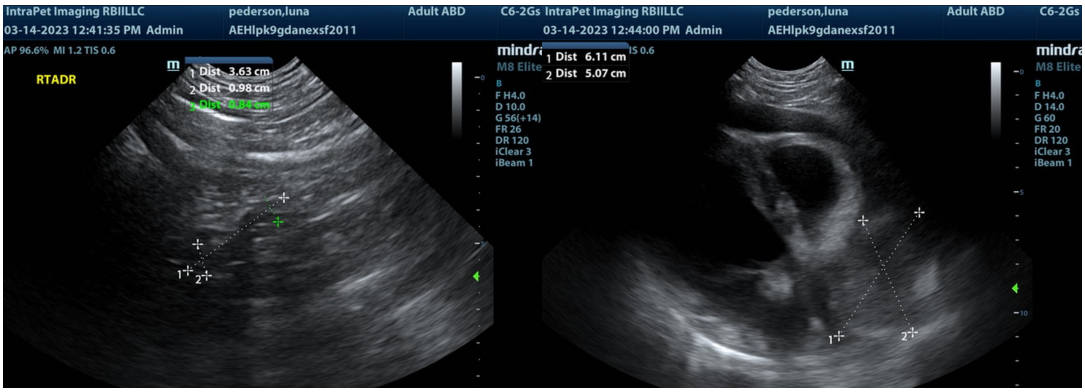
AP 96.6% MI 1.0 TIS 0.6
M8 Elite
L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pederson,luna
Adult ABD
C6-2Gs
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AP 96.6% MI 1.2 TIS 0.6
RTADR
1 Dist 3.63 cm
2 Dist 0.98 cm
IntraPet Imaging RBIILLC
pederson,luna
Adult ABD
C6-2Gs
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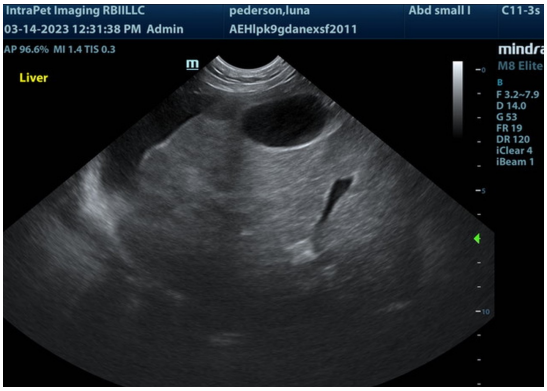
AEHlpk9gdanexsf2011
1 Dist 6.11 cm
2 Dist 5.07 cm



The information and recommendations provided are based on the images presented by the referring veterinarian. 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, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com