



PATIENT

Tina Lopez

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

11 years

WEIGHT

14.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho,
 CVT

HOSPITAL NAME

Animal Paradise
 Hospital

REFERRING VET

Dr. Elshafie

INVOICE

75047

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: Anorexia and dyspnea. r/o cardiac vs respiratory vs pain. Radiology report - severe generalized cardiac enlargement. Possible dilated cardiomyopathy. Hepatomegaly, pleural effusion. Current medications: Furosemide/Lasix 12.5 mg (1/2 BID 14 days) Vetmedin 2.5 mg 3/4 BID Abnormal PE/Chem/CBC/UA Results: ALP 266, K 3.5. CBC - RBC 5.41, HCT 33.2, HGB 12.5. CPL 241 High T4 3.8. Fluid analysis, Possible transudate hemorrhage

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient presented a right auricular and right ventricular free wall junction mass. The mass measured approximately 3.5 x 2.8 cm. A large amount of pericardial effusion. Three was collapse of the right atrium noted owing to pericardial effusion and excessive pericardial pressures. Volume contracted left heart was noted in this patient. The contractility was subnormal.

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	NM	0.85	0.9	39	72	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	134	1.0	0.85	14.4 lbs	2.5	2.0	

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. Small bladder calculus was noted. 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 3.94 cm.

The iliac trifurcation was unremarkable.



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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 1.34 x 0.48 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Passive congestion liver pattern was noted with hepatic vein dilation. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



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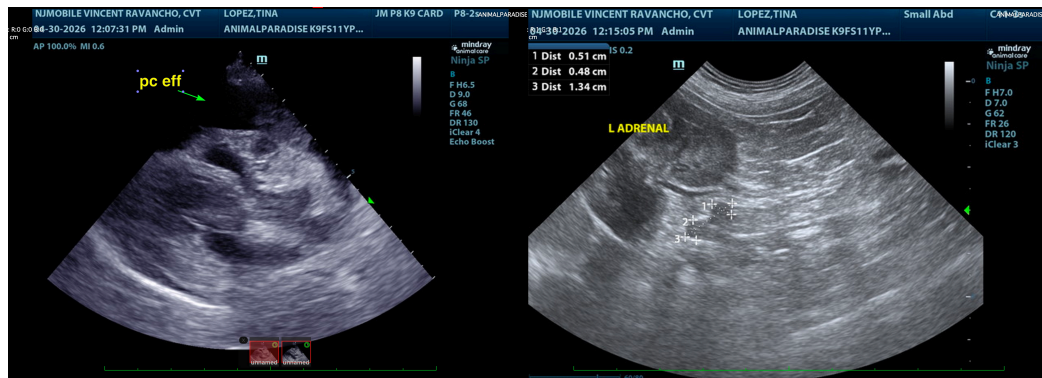
ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with small bladder calculus.

Pericardial effusion with right auricular and right ventricular free wall junction mass. Strongly concern with hemangiosarcoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend stopping Vetmedin and Lasix therapy and pericardial tap with immediate chemotherapeutic intervention based on cardiologist/oncology review. Long term prognosis is poor.





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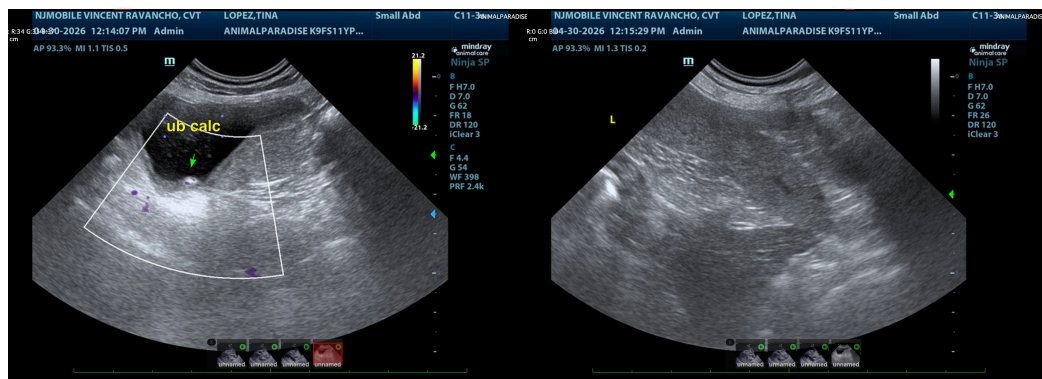
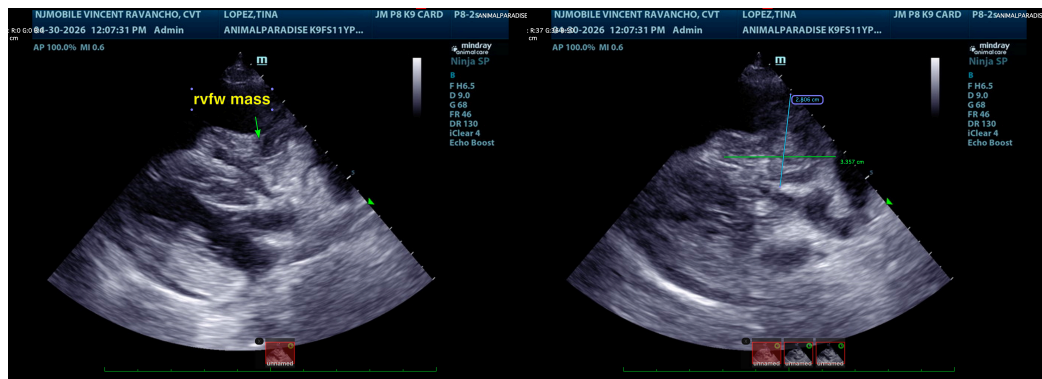
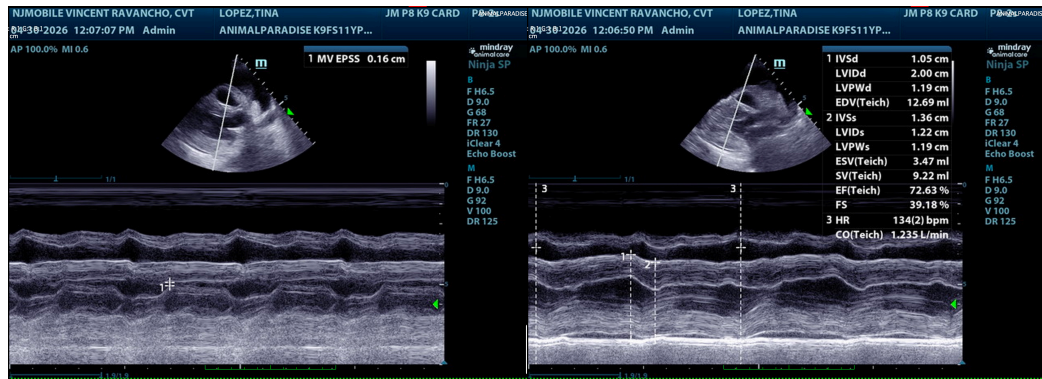
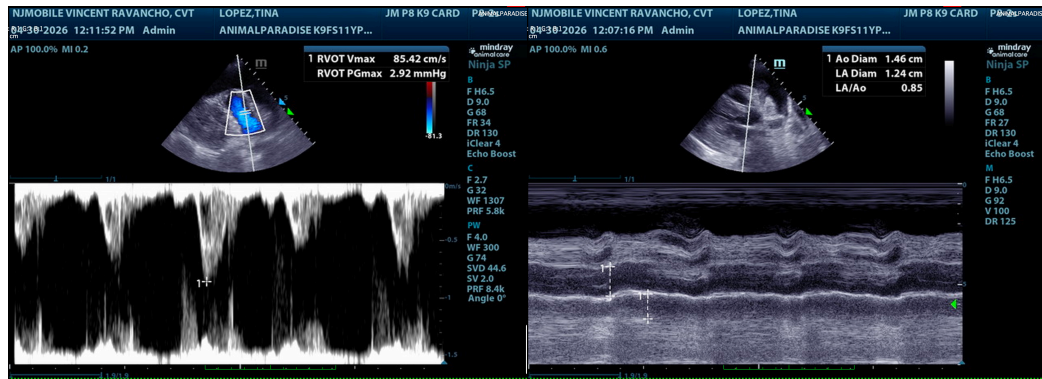
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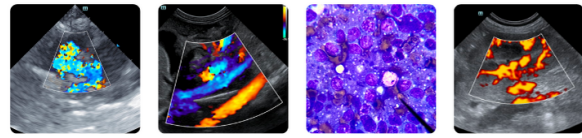
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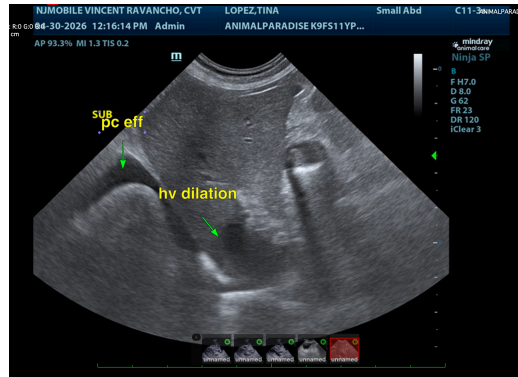
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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