



PATIENT

Remy Dechert

SPECIES

Canine

BREED

Beagle Bulldog Mix

SEX

Spayed Female

AGE

9 Years 4 Months

WEIGHT

36.4 Pounds

INTERPRETED BY

James Wood, DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Jenni Tudini,
MRCVS, SDEP Cert
(Abdo)

HOSPITAL NAME

East Aurora VH

REFERRING VET

Dr. Sara Huckabone

INVOICE

37021

DATE

5/8/26

PRESENTING CLINICAL SIGNS

History: Patient presented to the ER 5 days prior to scan date for acute anorexia, vomiting, pale gums and laboured breathing. No known toxicities but possible ingestion of a Monstera leaf (not confirmed). Patient had a FAST scan performed and mild-moderate pericardial effusion was found with secondary cardiac tamponade and signs consistent with hypovolemic shock. Approximately 5mls of hemorrhagic fluid was aspirated from pericardial sac between multiple attempts and further attempts were abandoned. Further work up was advised but owner declined at the time. Patient had Vit K administered and was dispensed Vit K tabs and Yunnan Baiyao to begin. Since the ER visit patient has been acting WNL at home and appears asymptomatic.

Abnormal PE/Chem/CBC/UA Results: P/e: Cardiac ausc unremarkable, lungs ausc clear, femoral pulse quality good, mm pink, moist, CRT < 2 sec, no petechia present but patient does have some mild focal bruising along sternum extending towards left axilla which is the opposite side from where pericardiocentesis was performed. Abdominal palpation unremarkable. Quick ultrasound assessment of abdomen during echo revealed normal spleen, no gross masses noted and no ascites present - CBC: PLT 80 (126-660) during ER visit but returned to normal on day of echo with repeat CBC. - Biochem: Glucose 123 (60-110) otherwise unremarkable - PT/aPTT: prolonged Pericardial Effusion: Hemorrhagic effusion with low numbers of reactive mesothelial cells were found, no infectious agents or overt neoplastic cells were noted. Blood Press: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	LA long axis	LAmxN	Ao long axis	LA/AO (Heart Base; Swe, short axis)	LA/AO long axis	LVIDd	LVIDdN
NORMAL PARAMETER		<1.57		<1.6	<2.5		<1.7
PATIENT	3.21	1.48	--	--	--	2.91	1.61
CARDIAC PARAMETERS	Body Weight (lbs)	AV VMAX (m/s)	PV MAX (m/s)	MR VMAX (m/s)	TR VMAX (m/s)	FS (%)	LVIDsN
NORMAL PARAMETER		0.7-1.7	0.7-1.6			22 - 49%	<0.9
PATIENT	36.4	0.6	0.65	--	--	21.3	0.8
CARDIAC PARAMETERS	HR (bpm)	MV E (m/s)	MV A (m/s)	MV E/A (m/s)	EF (%)	IVSdN	LVFWdN



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NORMAL PARAMETER						<0.6	<0.6
PATIENT	100	--	--	--	44.75	0.47	0.43

Cardiac Presentation

The mitral valve is normal in appearance and motion. There is trivial central mitral valve regurgitation. Leaflet prolapse is not identified. The left atrial and ventricular sizes and functions are normal. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonary valves have normal morphology, and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonary or aortic valve insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, peritoneal effusion, or pericardial effusion. The region of the heart base is thoroughly examined, and no heart base neoplasia is identified, however, the right auricle is less visualized. On the subcostal imaging windows, there is suspicion for a right atrial/right auricular mass that is heterogenous in appearance. Images were saved.

ULTRASONOGRAPHIC FINDINGS

- Given the history of a hemorrhagic pericardial effusion and the possible mass lesion on subcostal views, a right auricular hemangiosarcoma is most suspected in this patient. There is ongoing risk of hemorrhage, resulting in cardiac tamponade.
- Probable right auricular mass, R/O right auricular hemangiosarcoma
- Trivial mitral valve regurgitation, R/O normal variation versus early MMVD.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is recommended to monitor for signs of lethargy, weakness or collapse. If recurrent pericardial effusion with tamponade is noted, consider submitting images of the region of the right auricle for further inspection. If auricular hemangiosarcoma is the underlying diagnosis, the long-term prognosis is poor, consider consultation with a veterinary oncologist for further recommendations versus palliative care.

If doing well, recommend recheck echocardiogram in one month.



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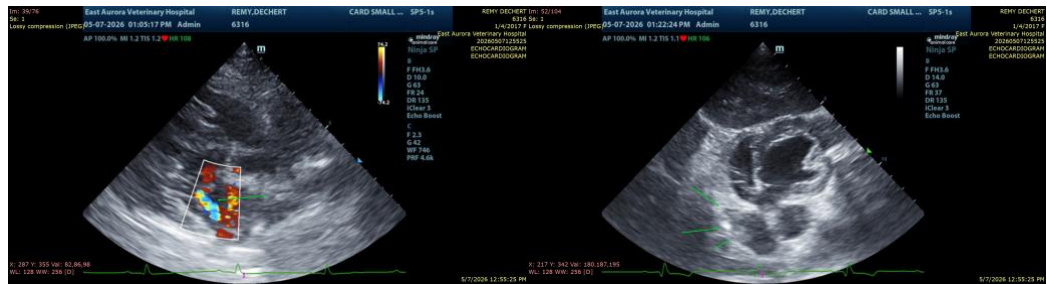
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

James Wood, DVM, DACVIM (Cardiology)

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