



PATIENT

Callie Wilson

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

11yr

WEIGHT

70.0

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Nicole Gotfredson,
CVT

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Garry Gotfredson,
DVM

INVOICE

23474

DATE

01/07/2026

PRESENTING CLINICAL SIGNS

Patient presented with lethargy, panting, not eating. Hard to hear heartbeat upon examination. Fast scan ultrasound-pericardial effusion-drained 800ml off the heart. Modified transudate fluid. Breathing improved. Radiographs show a sail sign on VD-rule out thymic mass?

Abnormal PE/Chem/CBC/UA Results: CRP=normal

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO M-mode | LA/AO (Heart Base; Swe) | FS (%) | EF (%) | EPSS (cm) |
|---------------------------|---------------|---------------|--------------|-------------------------|----------------------|--|--|
| NORMAL PARAMETER | 4.5-5.5 | <2.7 | 1.3 | Up to 1.6 | 28-40 | 40-100 | <0.6 |
| PATIENT | -- | -- | -- | 1.2 | 34 | 64 | 0.3 |
| CANINE CARDIAC PARAMETERS | HR (BPM) | AV VMAX (m/s) | PV MAX (m/s) | BODY WEIGHT (kg) | LAD LA MAX 4 Chamber | 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 | | | | |
| PATIENT | NM | -- | 0.75 | -- | 2.8 | 3.5 | -- |

Cardiac Presentation

The echocardiogram in this patient demonstrated normal left atrial size and structure. Left side chamber volume and blood echogenicity were normal. The cranial and caudal mitral valve leaflets presented minor irregular age-related changes that are not clinically significant at this time with adequate extension in systole and union in diastole. No obvious MR on Doppler. The left ventricle presented normal free wall and septal thicknesses with linear contour. The myocardium presented some echogenic remodeling consistent with expected age-related change. Contractility of the ventricular walls was adequate and in normal range for this breed and patient size. The left ventricular outflow tract demonstrated normal laminar flow with subjectively unremarkable structure. Enlarged right atrium/ auricle primarily secondary to a large non homogenous mass in the area of or possibly occupying the lumen of the right atrium measuring ~ 6 cm in diameter. Tricuspid valvular assessment demonstrated expected findings for this age patient. The right ventricle was of normal size (1/3 diameter of LV), echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). Minor pericardial and subjective mild volume caudal pleural effusion. Definitive evidence of mediastinal masses was not obvious in the visible window. Brief hepatic assessment revealed no overt current hepatic congestion or cranial abdomen ascites. Pericardial and transdiaphragmatic comet tail artifact.

ULTRASONOGRAPHIC FINDINGS

Primary



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- Mass in the area of or possibly occupying lumen of right atrium
- Normal LA / LV.
- Pericardial and transdiaphragmatic comet tail artifact
- Minor volume pericardial and subjective mild volume caudal pleural effusion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed mass appears to be cardiac in origin with considerations including sarcoma, chemodectoma or other. No overt evidence of obstruction to venous return given lack of hepatic congestion or cranial abdomen ascites yet not definitively excluded. Additional pericardial or mediastinal masses were not definitively visualized. Full abdominal ultrasound could be considered to assess for primary abdominal pathology as a potential cause of metastatic disease.

An unfavorable prognosis is indicated.



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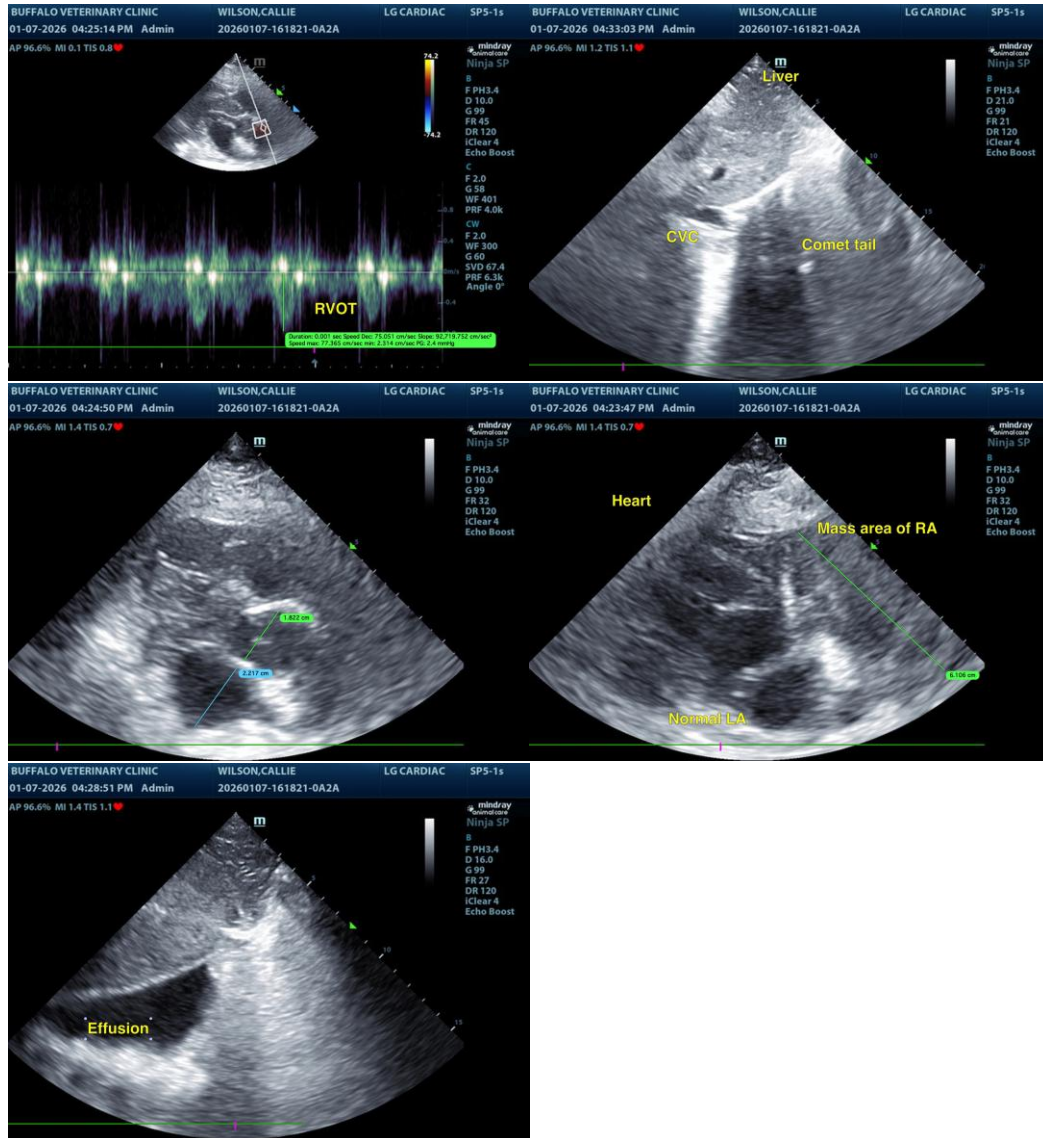
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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