

**PATIENT**

Loralie Walker

**SPECIES**

Canine

**BREED**

Pit bull mix

**SEX**

FS

**AGE**

8yr

**WEIGHT**

55lb

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew LVT

**HOSPITAL NAME**SVS Imaging  
Michigan**REFERRING VET**Baylis Animal  
Hospital**INVOICE**

11847ag

**DATE**

10/12/2022

**PRESENTING CLINICAL SIGNS**

Distended abdomen. Still eating and drinking.

Abnormal PE/Chem/CBC/UA Results: BW WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN WITH LIMITED CARDIAC****Cardiac Presentation**

Brief sonographic assessment of the heart revealed a moderately sized mildly non-homogeneous mass in the area of the heart base primarily within the left atrium lumen measuring ~ 6 – 7 cm in diameter. Concurrent right atrium and right ventricular enlargement were present.

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Multiple pinpoint cortical foci were present which may indicate areas of cortical fibrosis, microinfarction or mineralization. No evidence of pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 5.9 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was not definitively visualized.

**Spleen**

The spleen exhibited normal size and contour with mild parenchyma heterogeneity and intermittent discretely hypoechoic nodules, an example measuring 0.68 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

**Liver**

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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**Free Abdomen**

Moderate to marked volume peritoneal free fluid was present. No overt lymphadenopathy was present. Minor generalized hyperechoic mesentery was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Hepatomegaly exhibiting evidence of hepatic vascular congestion
- Non-specific discrete splenic nodules-areas of lymphoid hyperplasia, hematopoiesis, splenitis or potential for emerging neoplastic criteria
- Bilateral chronic renal changes with pinpoint hyperechoic cortical foci
- Moderate volume primarily anechoic peritoneal free fluid
- Cardiac mass noted within the left atrium lumen with concurrent moderate RA/RV enlargement

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cardiac mass is most consistent with neoplastic criteria. It is suspected that the mass is preventing inflow of blood from the right heart leading to increased right heart pressure and thus cardiogenic congestive hepatopathy and secondary peritoneal free fluid. The cardiac mass does not appear to be amenable to surgical resection. An unfavorable prognosis is indicated.

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svsimagingmi@gmail.com



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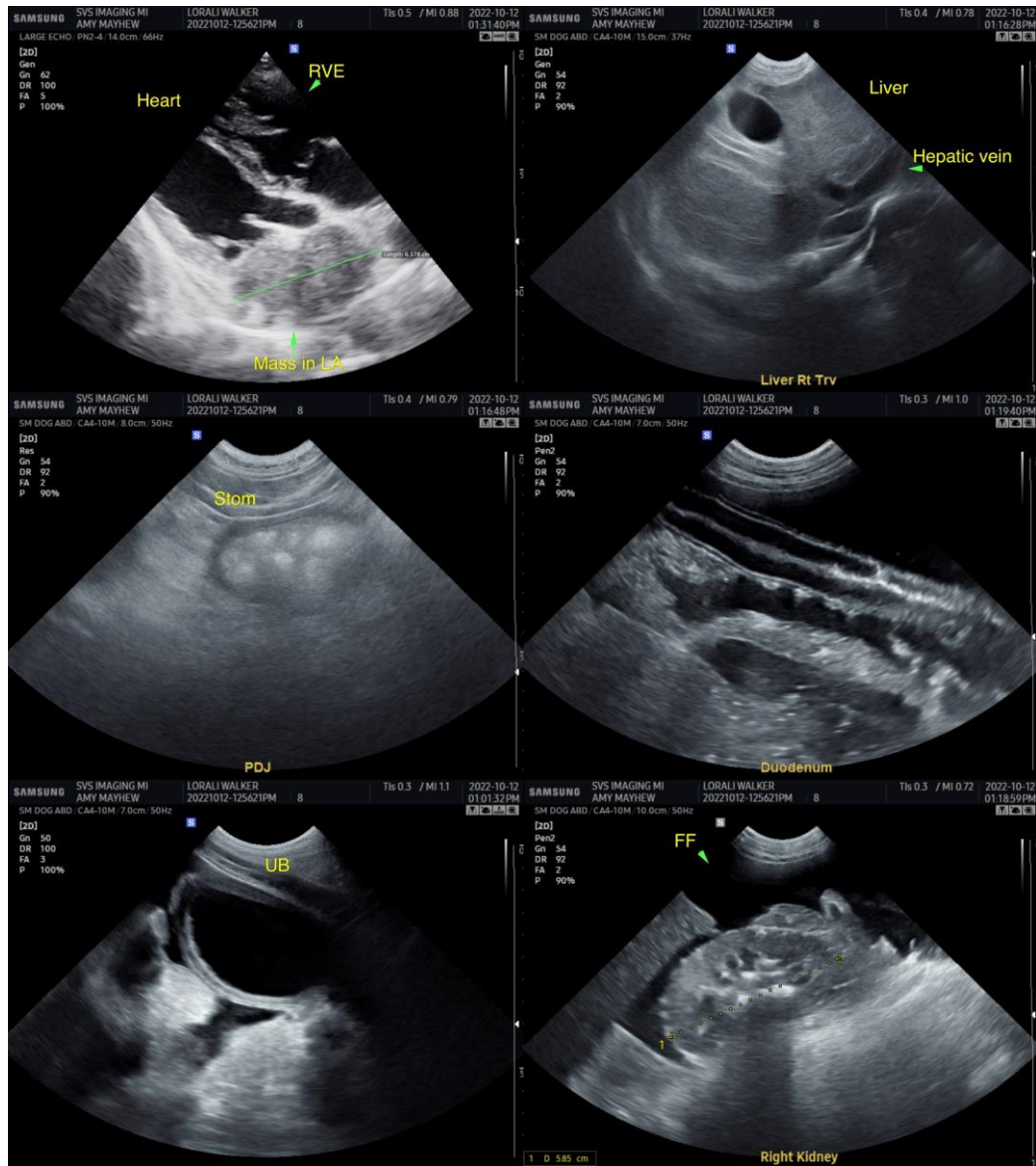
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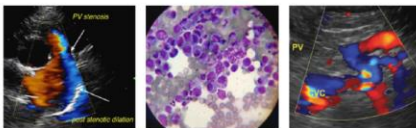
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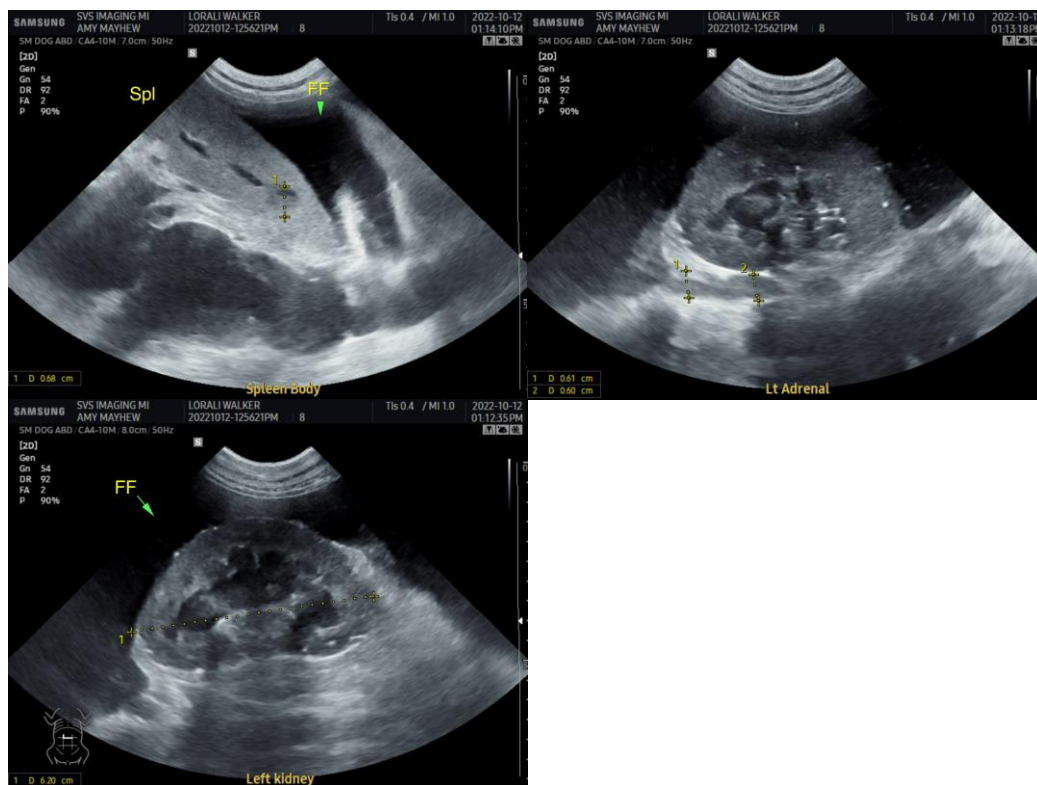
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com