



PATIENT PRESENTING CLINICAL SIGNS

Roxie Burnsworth

History: Bloated abdomen, slow to finish meals. Possible cranial abdominal mass on Rads. Sedated with Gabapentin and Trazodone PO/low dose Butorphanol IV for pericardial tap.

SPECIES

Abnormal PE/Chem/CBC/UA Results: PE: QAR, distended abdomen. ALT mildly elevated. TP and Glob slt low. RADS: possible cranial abdominal mass.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Bull Terrier Mix

SEX

Spayed Female

AGE

12 Years

WEIGHT

50 pounds

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	--	--	1.3	--	45	80	0.3
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	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				
PATIENT	NM	1.9	--	--	3.7	3.5	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP (Canine/Feline Practice)

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Scanvet

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Dr. Sheridan

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Cardiac Presentation

Moderate volume pericardial effusion was noted with diastolic collapse of the right atrial wall consistent with cardiac tamponade was present. Primarily homogenous well demarcated lesion was noted associated with the right atrium/auricle, measuring approximately 2.1 cm in diameter. No overt evidence of lesion mineralization noted. LV function is adequate. Left atrium is normal in diameter. Initial mild volume contracted LV prior to pericardiocentesis with normal LV function postcentesis. Pulmonic and aortic valves were overtly normal in appearance with normal measured LVOT velocity.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

No evidence of medial iliac or sublumbar lymphadenopathy, as well as no evidence of distal aortic thrombus in the area of the iliac trifurcation.

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. No evidence of pelvic dilation was present. The left kidney measured 6.5 cm in length. The right kidney measured 6.8 cm in length.



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Adrenal Glands

The bilateral adrenal glands exhibited subtle prominent size based on caudal pole width measurement in light of body weight, likely consistent with patient or age-related variant without evidence of adrenal neoplastic criteria. Mild parenchyma heterogeneity and mild capsule asymmetry was present. The left adrenal gland measured 3.6 cm length x 1.2 cm width in the caudal pole. The right adrenal gland measured 2.5 cm length x 0.97 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Evidence of mild hepatic vascular congestion, most notable in the mid liver at the level of the hepatic vein, caudal vena cava junction. Subjective mildly prominent cranial abdominal or caudal vena cava at the level of the liver and diaphragm noted without evidence of thrombosis.

The gallbladder was non distended in size with mild echogenic debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

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.

Free Abdomen

Moderate volume anechoic concurrent peritoneal effusion was present. Normal uniform omental echogenicity noted. No overt lymphadenopathy or omental masses.

ULTRASONOGRAPHIC FINDINGS

- Right atrium/auricle mass



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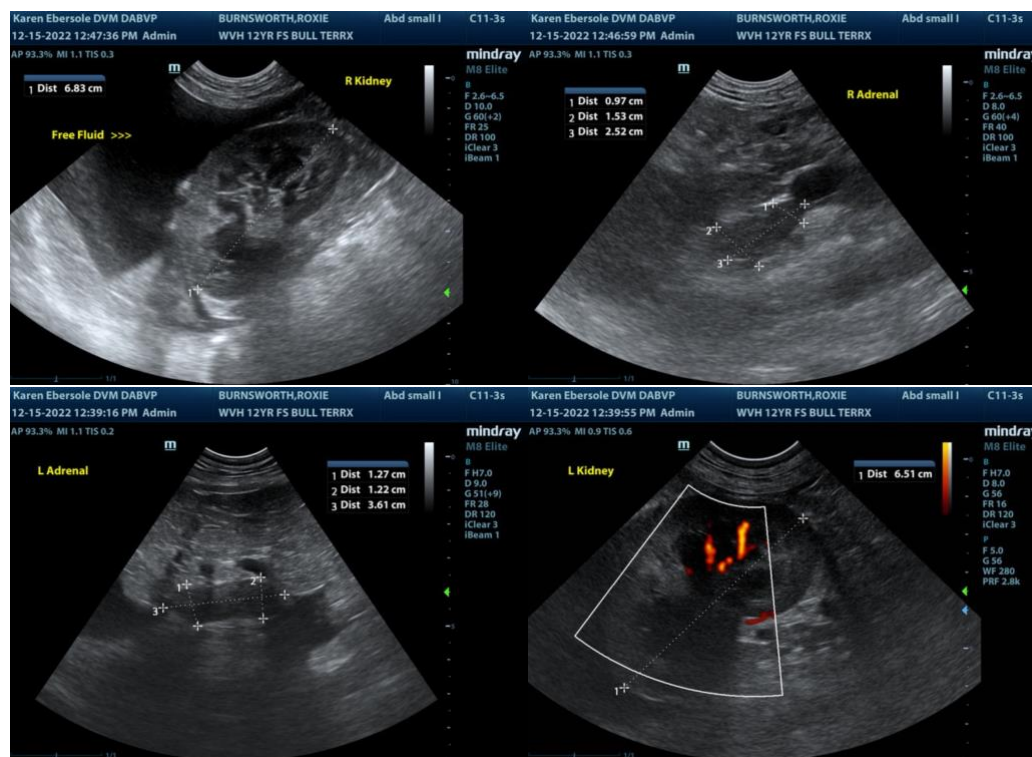
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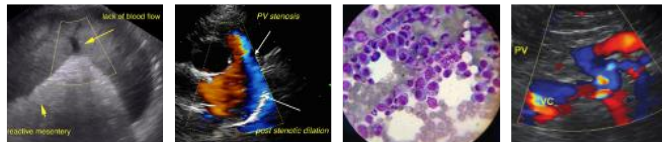
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- Secondary moderate volume pericardial effusion with cardiac tamponade
- Congestive hepatopathy pattern with mild hepatic parenchymal remodeling
- Concurrent moderate volume ascites
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely tumor type given the location is hemangiosarcoma. Other tumor types are possible yet though less likely, including chemodectoma or ectopic parathyroid tumor. Regardless, the patient is an initial cardiac tamponade, secondary to hemorrhage from the tumor, resulting in initial mild cardiac volume depletion, hepatic congestion, and suspect drop in cardiac output. Correlation with pericardial fluid analysis and cytology. Given this presentation prognosis is likely poor with potential for recurrent pericardial effusion/hemorrhage and/or development of potential malignant arrhythmias. Oncology consult with potential for chemotherapeutic or radiation options could be discussed. Over the counter herbal supplement Yunnan Baiyao could be beneficial in this case, although true benefit is speculative.





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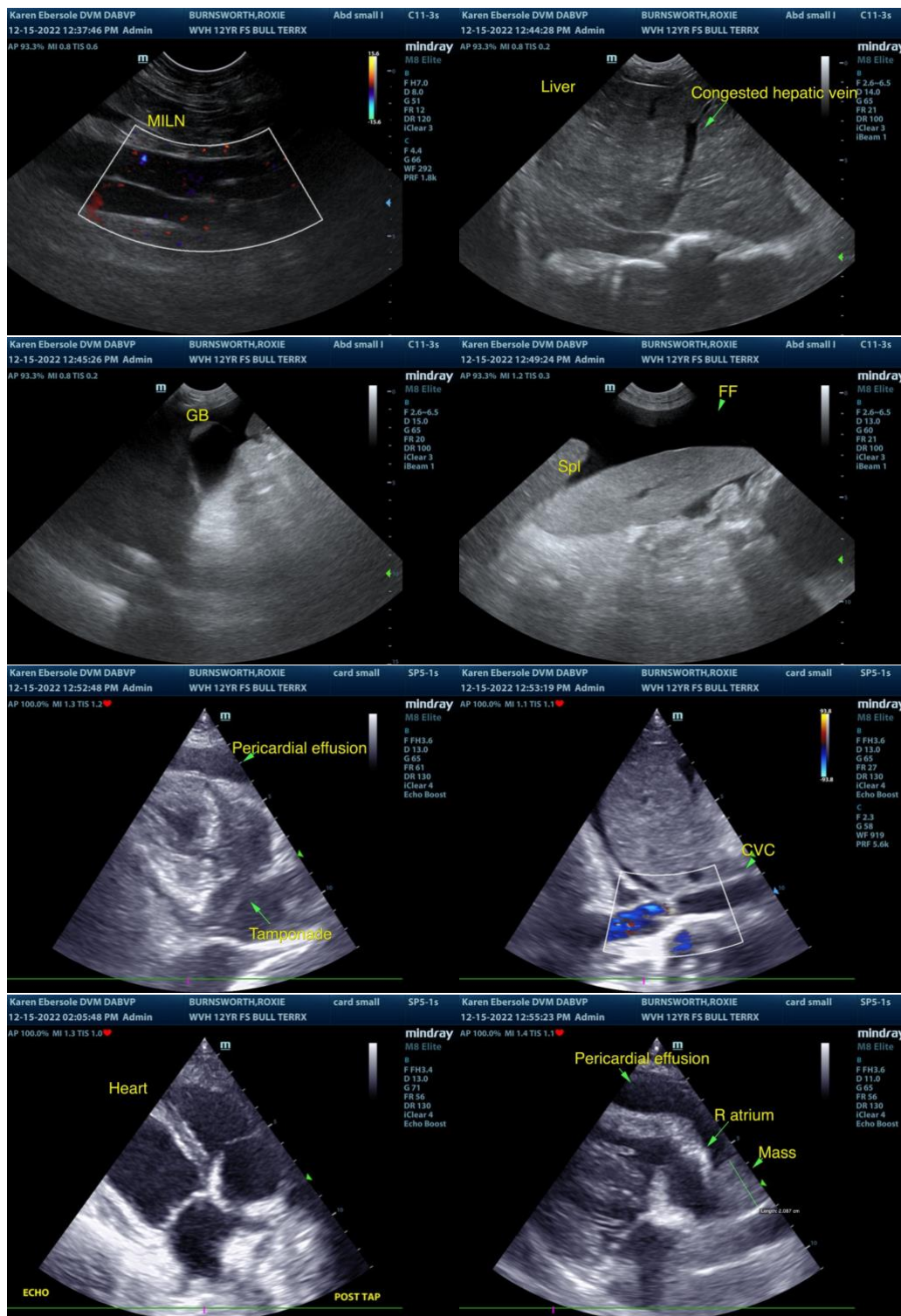
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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