



**PATIENT PRESENTING CLINICAL SIGNS**

Willow Regan

Presented last night with acute onset of cough. Pulmonary effusion and pulmonary edema identified on radiographs. Heart silhouette obscured. Transferred to emergency hospital for management - chest tubes were placed, initially high fluid production, now significantly reduced. PO2 was good (99-100%) last night before transfer, reported >90% today at EVH.

**SPECIES**

Canine

**BREED**

Husky Mix

**SEX**

FS

**AGE**

12yr

**WEIGHT**

85lb

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry panel was normal except mild ALP elevation and low platelets (suspect platelet clumps) Blood Pressure Measurements To be done at ECHO

Current Medications Furosemide 75mg IV at 330pm, Cerenia 39mg IV 345pm. Furosemide has been repeated at EVH. Presume sedation used for chest tube placement (records not received yet)

**ULTRASONOGRAPHIC EXAMINATION OF THE THORAX**

Brief sonographic assessment of the thorax revealed areas of aerated lung along with suspected pericardial consolidated lung exhibiting primarily homogenous pulmonary echogenicity with surrounding deep aerated lung. Mild to possible moderate volume pleural effusion was present. Definitive pulmonary or thorax mass was not obviously identified. An example of suspected area of consolidated lung measured ~ 3.0 cm in diameter. The areas of consolidation were not obviously consistent with classic peripheral pulmonary nodules or mass/lesions.

**ULTRASONOGRAPHIC FINDINGS**

- Mild to possible moderate volume pleural effusion
- Suspect areas of non-specific consolidated peripheral lung, potential for atypical peripheral pulmonary nodules

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming the pleural effusion is non-cardiogenic, considerations may include primary pulmonary pathology i.e., consolidation, torsion, infectious/inflammatory disease, pneumonia, neoplasia or other. Pleural effusion analysis cytology as well as C/S recommended for further effusion clarification.

**IMAGING PERFORMED BY**

Sara Hansen

Assuming normal clotting status, an ultrasound guided atypical area of peripheral lung FNA for screening cytology could be considered for further assessment.

**HOSPITAL NAME**

VCA McKenzie AH

Pending additional sampling if elected, a thoracic CT is likely ideal given this presentation for possible definitive diagnosis. A guarded to very guarded prognosis is indicated.

**REFERRING VET**

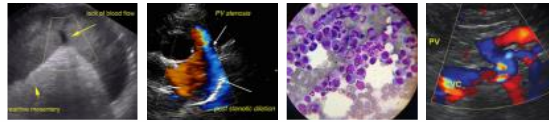
Dr. Fricke

**INVOICE**

12975ag

**DATE**

02/15/2023



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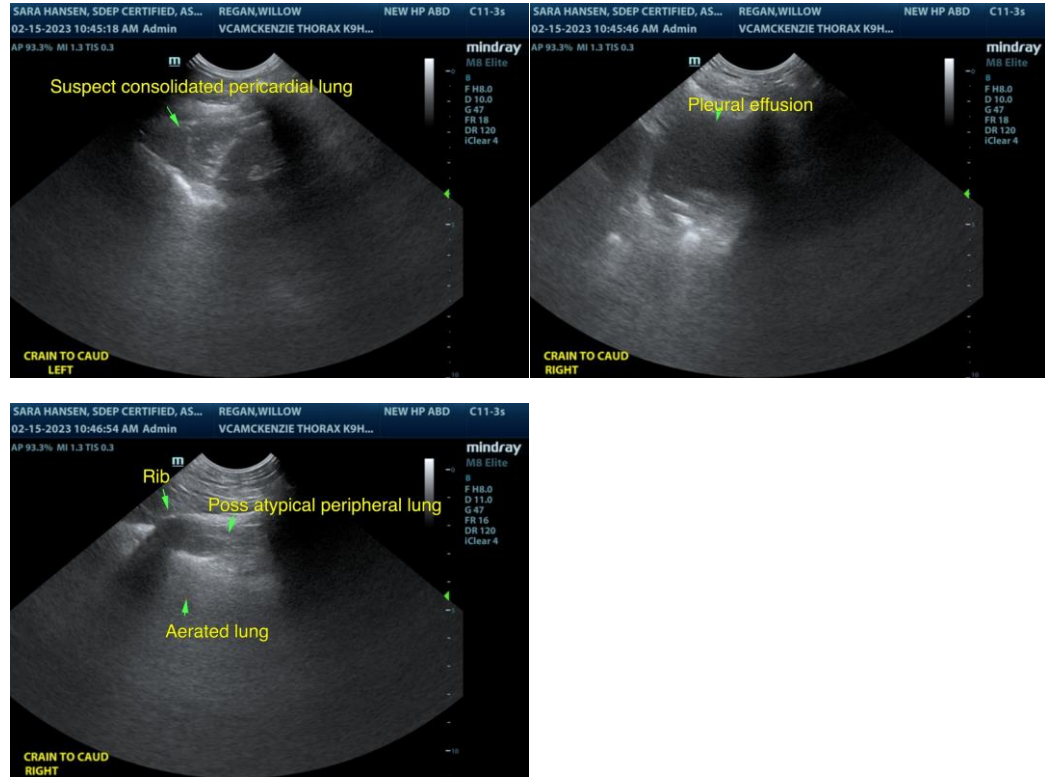
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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