

**PATIENT**

Zeus Helms

SPECIES

Canine

BREED

PitBull Mix

SEX

MN

AGE

11yr

WEIGHT

58lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**
Sarah Pender CVT**HOSPITAL NAME**

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

13026ag

DATE

02/20/2023

PRESENTING CLINICAL SIGNS

presented for not eating, bloated, painful Gained 4lbs since Froday

Abnormal PE/Chem/CBC/UA Results: abnormal liver values, liver looks abnormal on xray as well, heartworm test was negative, pendulous abdomen with fluid wave. The dog responded to cerenia and has ate a little over the weekend.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 6.7 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and 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 borderline prominent in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 3.4 cm length and 0.91 cm width in the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole and 2.8 cm length.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver presented moderately enlarged in size with a 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 with mild echogenic debris in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

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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.

Free Abdomen**SEX**

MN

Moderate to severe volume anechoic peritoneal effusion without evidence of intra-abdominal/omental mass or lymphadenopathy. Generalized mild uniform hyperechoic omentum was present.

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Brief subjective echocardiogram revealed moderate to possible marked volume pericardial effusion with secondary diastolic collapse of the right atrial free wall consistent with cardiac tamponade. Normal LA/LV volume with overtly normal to adequate LV systolic function was present. A definitive mass in the area of the right atrium/auricle or heart base was not visualized.

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ULTRASONOGRAPHIC FINDINGS

- Congestive hepatomegaly
- Moderate to severe volume ascites
- Pericardial effusion with secondary cardiac tamponade

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the congestive hepatomegaly and ascites is cardiac tamponade secondary to pericardial effusion. The definitive cause of the pericardial effusion was not obvious without evidence of a definitive tumor visualized. A non-obvious potentially small right atrium/auricle or heart base tumor may be a primary consideration especially if hemorrhagic pericardial effusion is confirmed although other causes of pericardial effusion are possible.

Referral for emergency pericardiocentesis with pericardial effusion analysis/cytology is recommended with a full echocardiographic work up if possible. An extremely guarded to possible unfavorable long term prognosis is indicated as pericardial effusion may recur even with therapeutic and diagnostic pericardiocentesis.

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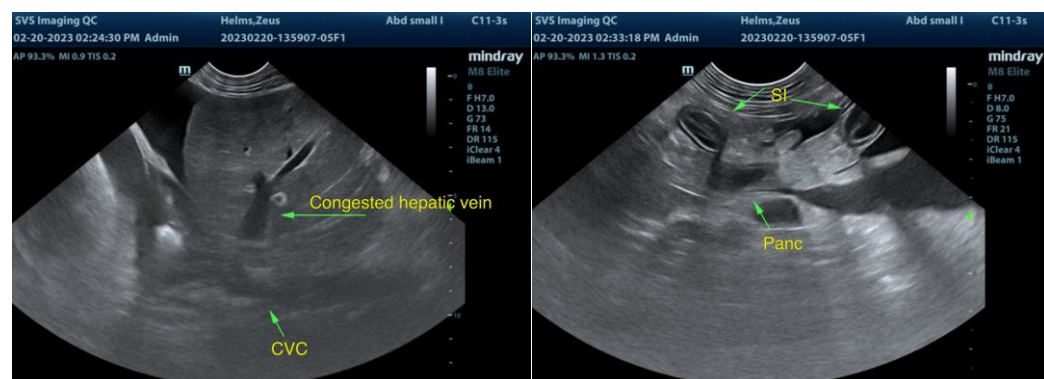
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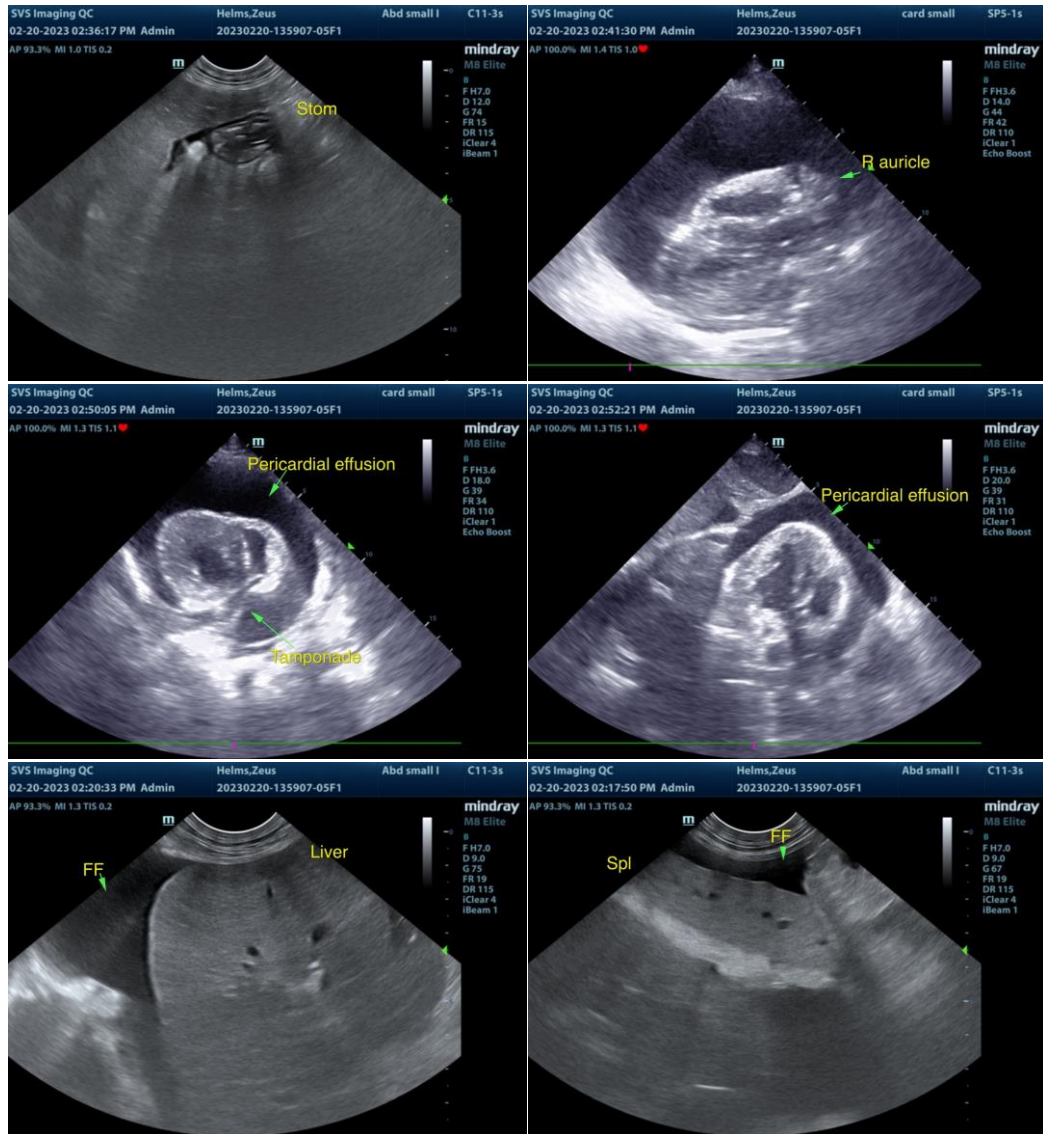
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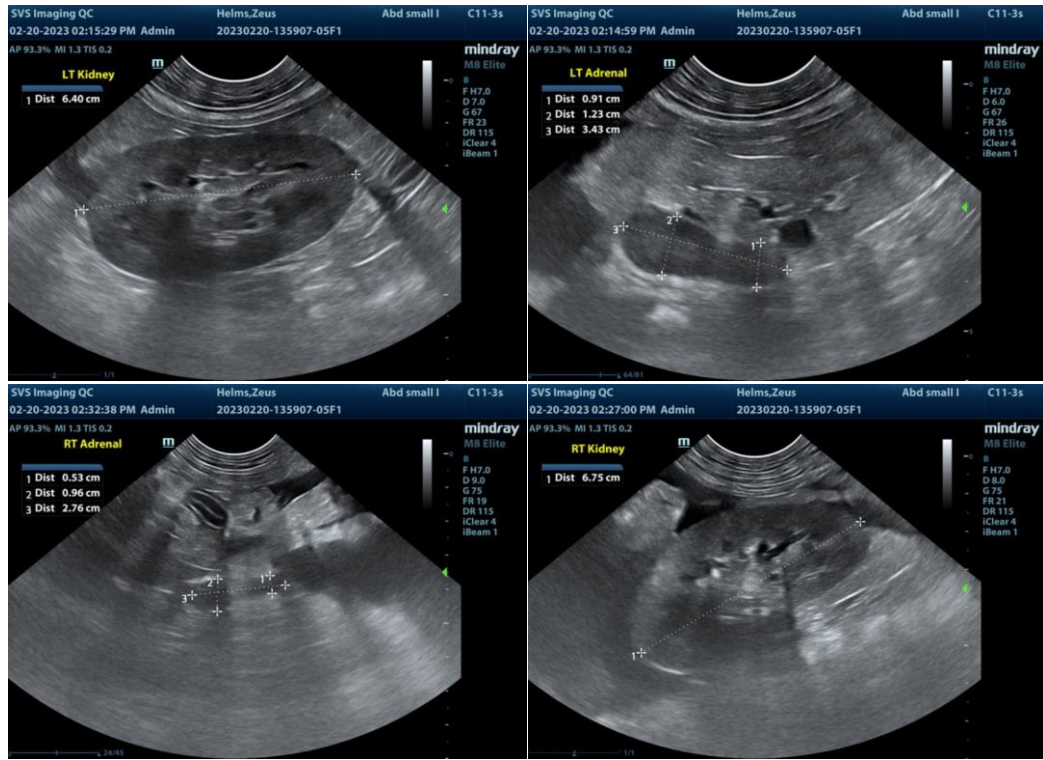
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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