

PATIENT

Gemma Linders

SPECIES

Canine

BREED

English Golden

SEX

Spayed Female

AGE

12 Years 2 Months

WEIGHT

102 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Aloha Veterinary
Hospital

REFERRING VET

Dr. Mori

INVOICE

13897

DATE

02/20/26

PRESENTING CLINICAL SIGNS

- P presented for abdominal US due to sudden collapse, urinating on herself, and ascites present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 change were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 7.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.71 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole.

Spleen

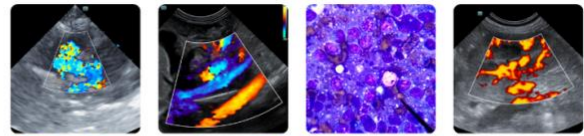
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder

The liver presented enlarged in size with symmetrical yet swollen contour and heterogeneous parenchyma. The hepatic vasculature was dilated in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. Intermittent mildly expansive hypoechoic intraparenchymal nodules were present.

The gallbladder was non-distended in size containing mild nonorganized debris. The gallbladder wall was thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The common bile duct was normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental similar appearing nonshadowing intestinal ingesta.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. This presentation is most consistent with pancreatic edema.

Free Abdomen

A mild volume of ascites was present with no visualized significant omental lymphadenopathy.

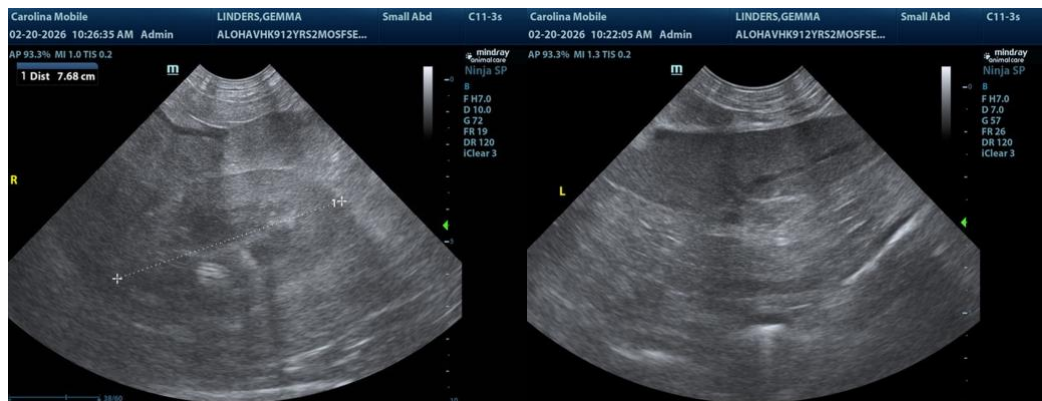
Rapid view of the heart revealed mild to moderate volume of pericardial effusion and evidence of cardiac tamponade. A nonhomogenous mass was present in the area of the right auricle measuring 5.2 cm x 2.4 cm.

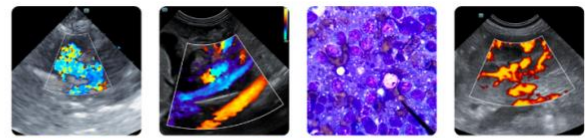
ULTRASONOGRAPHIC FINDINGS

- Pericardial effusion with secondary cardiac tamponade.
- Right atrial/auricle mass.
- Congested liver with intraparenchymal nodules.
- Sonographically normal spleen. Mild volume ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right atrial/auricle mass is most consistent with neoplastic criteria and probable sarcoma given location. Associated secondary hepatic congestion and mild ascites is present. The hepatic nodules are nonspecific with considerations including incidental hyperplasia or hematopoiesis although hepatic neoplastic or metastatic nodules are of primary concern. Unfortunately, unfavorable prognosis is indicated.





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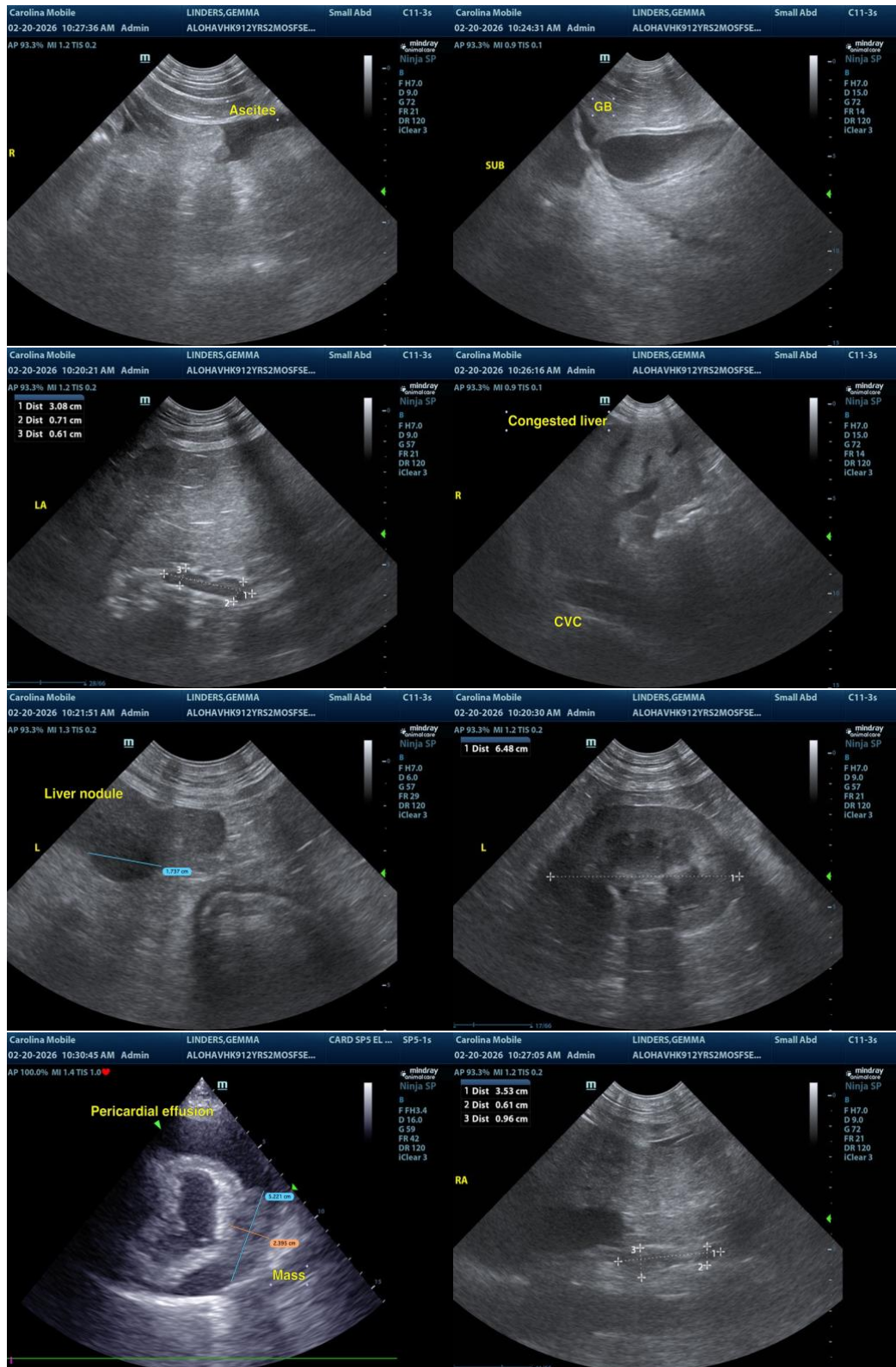
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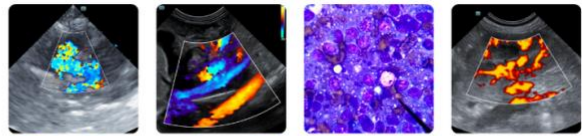
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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