



PATIENT PRESENTING CLINICAL SIGNS

Nova Poszyler

History:

- Pleural effusion, ascites, R/O neoplasia vs. R heart failure
- incr resp effort, tachypnea

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: tbili-2.1 ggt-112 alt-192 glu-168 lym-0.79 hct-61.9 hgb-22.4 rbc-9.71

BREED

Mix

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

SEX

FS

AGE

7 yrs

WEIGHT

59 lbs.

INTERPRETED BY

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

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	-	-	-	-	40	74	0.2
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LAD LA MAX4 Chamber	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	-	1.0	59 lbs.	3.4	3.3	-

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Timony

INVOICE

10721

DATE

3/25/26

Cardiac Presentation

Normal LA / LV dimension with adequate LV systolic function was noted. Mild paradoxical LV contractility was present. Subjective mildly thickened mitral valve leaflets were noted with eccentric MR on Doppler. A moderately sized, nonhomogeneous mass was noted, occupying the right atrial and right ventricular lumen, appearing to extend through the tricuspid valve, measuring ~6.0 cm x 3.3 cm. Moderate volume pleural effusion was noted. No obvious evidence of pericardial effusion.

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.

The area of the aortic trifurcation was free of pathology.

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



PATIENT

Nova Poszyler

evidence of pelvic dilation. The left kidney measured 5.6 cm in length. The right kidney measured 4.9 cm in length.

SPECIES

Canine

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.65 cm caudal pole width and the right adrenal gland measured 0.60 cm caudal pole width.

BREED

Mix

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.

SEX

FS

Liver/ Gallbladder

AGE

7 yrs

The liver presented mildly 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 mildly prominent 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. The gallbladder wall was mildly thickened in appearance consisting of a mild echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with mild gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis.

WEIGHT

59 lbs.

INTERPRETED BY

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

Gastrointestinal

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

IMAGING PERFORMED BY

Kerri Becker

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 formed feces in lumen.

HOSPITAL NAME

Newton VH

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 were evident.

REFERRING VET

Dr. Timony

Free Abdomen

INVOICE

10721

Moderate volume peritoneal effusion was noted. No significant or swollen omental lymphadenopathy was visualized. Mild hyperechoic mesentery was noted.

DATE

3/25/26

ULTRASONOGRAPHIC FINDINGS

- Right atrial / right ventricle lumen mass
- Normal LA / LV with adequate yet dynamic LV contractility
- Compensated mitral valve insufficiency



PATIENT

Nova Poszyler

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

7 yrs

WEIGHT

59 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Timony

INVOICE

10721

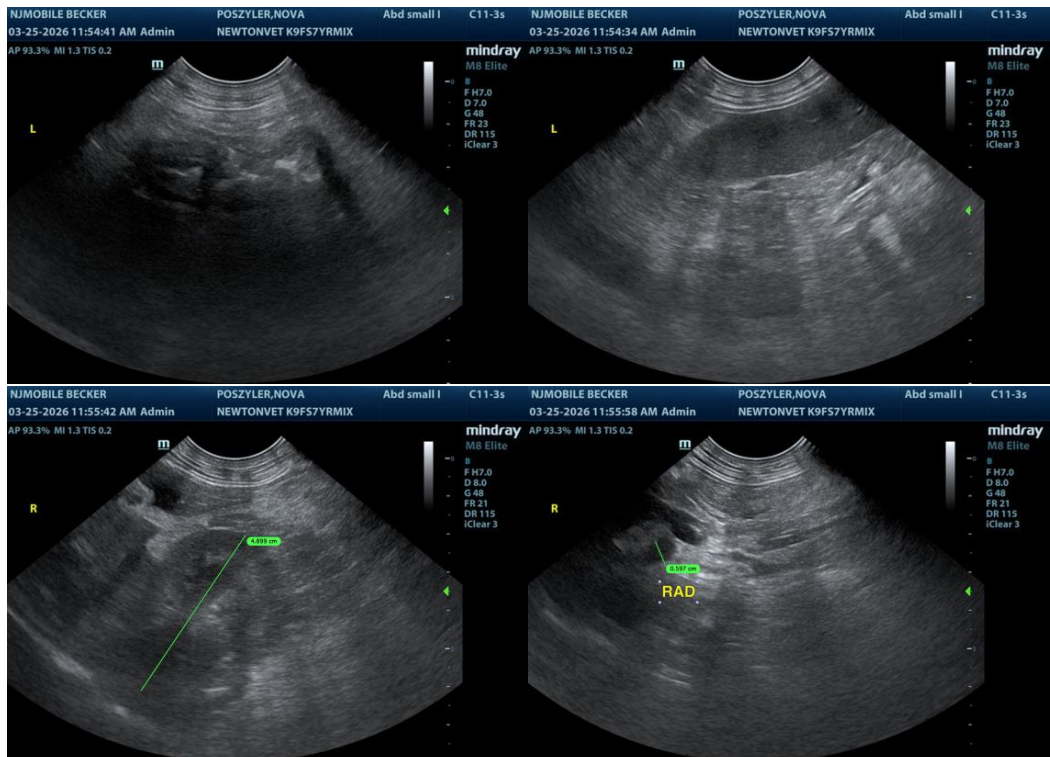
DATE

3/25/26

- Moderate volume pleural effusion
- Congested liver with mild gallbladder wall edema
- Moderate volume peritoneal effusion
- Sonographically normal spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right atrium / right ventricle lumen mass is most consistent with neoplastic criteria with considerations including sarcoma or other. The mass is likely impeding venous return to the heart, resulting in hepatic congestion and bicavitary effusion. Correlation with effusion analysis +/- cytology or C/S, if clinically indicated, is recommended. There is no evidence of primary abdominal neoplastic criteria as a potential source of metastasis. Unfortunately, an unfavorable prognosis is indicated.





PATIENT

Nova Poszyler

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

7 yrs

WEIGHT

59 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newton VH

REFERRING VET

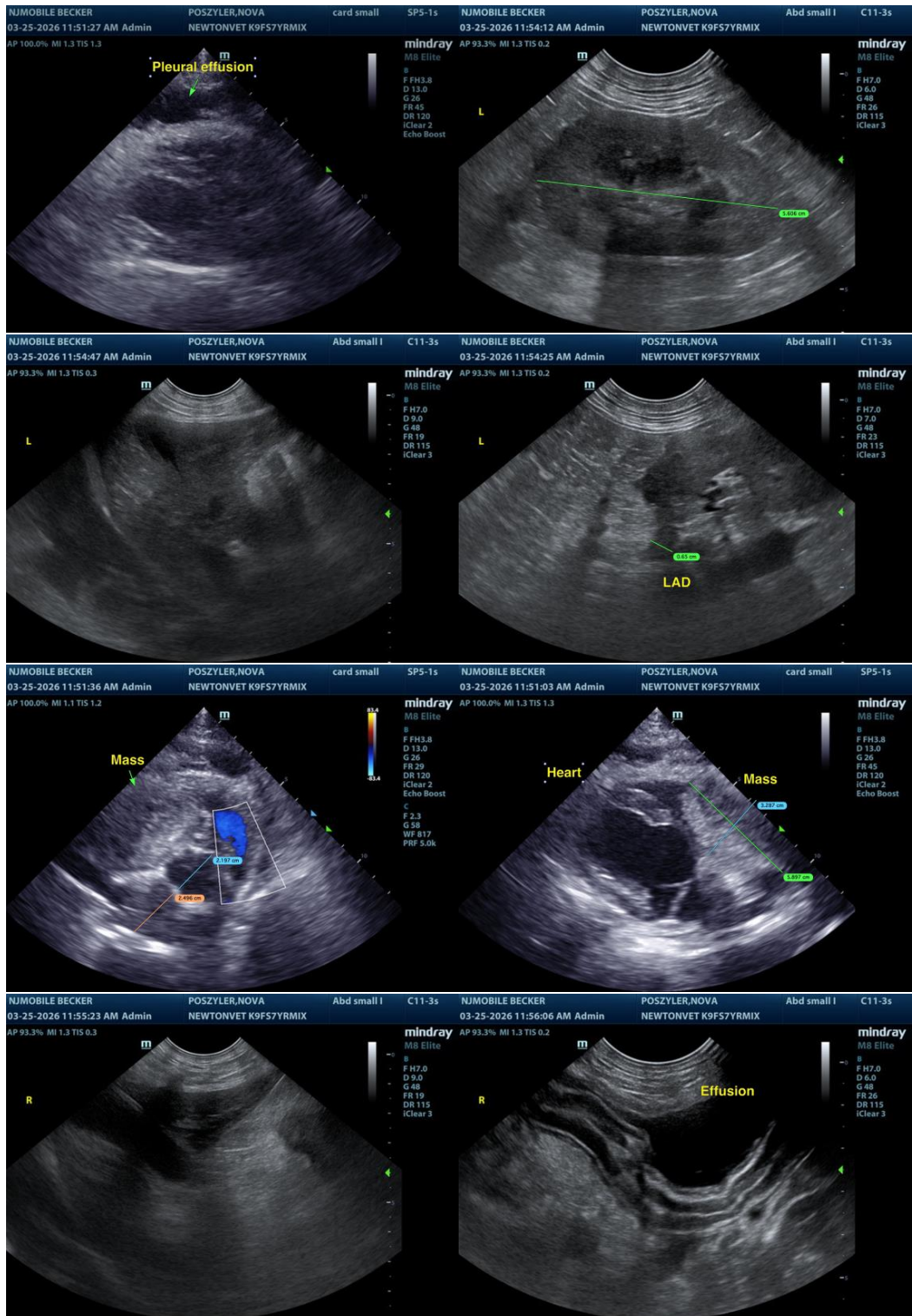
Dr. Timony

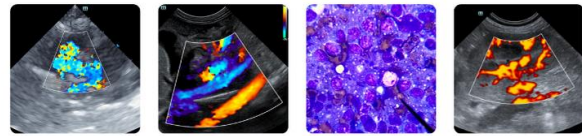
INVOICE

10721

DATE

3/25/26





PATIENT

Nova Poszlyer

SPECIES

Canine

BREED

Mix

SEX

FS

AGE

7 yrs

WEIGHT

59 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Timony

INVOICE

10721

DATE

3/25/26

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