



**PATIENT PRESENTING CLINICAL SIGNS**

**Sable McMullin** Presented 4-17-23 with anorexia and increased breathing effort. Dispensed amoxi and mirtazapine, sent bw out. 4-19 came back in, PU PD but not urinating much and urine is dark. Chest rads showed significant pleural effusion. Sent to Leesburg Life Centre for workup. 850 ml taken from chest and sent for analysis. Currently not eating well at all. Medication: Mirtazapine, Amoxicillin

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE THORAX**

**BREED**

German Shepherd

The left ventricular wall and overall left ventricle volume is normal. The left atrium is normal in size based on subjective LA evaluation and LA/AO heart base measurement. LA/AO heart base is approximately 1.2. The right atrium is normal in size. The right ventricle is normal in size with no evidence of right side volume overload/cor pulmonale. The visualized pulmonary artery appeared normal in size. Normal appearance to the mitral valve, aortic valve, and tricuspid valve. No evidence of pericardial effusion. Moderate volume pleural effusion was present. A mild amount of uniform subjective pericardial fat was present. No obvious cardiac tumors.

**SEX**

Spayed Female

An area of reduced volume non-homogeneous hyperechoic lung noted exhibiting mild asymmetrical pulmonary contour. There is a discrete to indistinct hyperechoic area within the reduced volume lung suggestive of a small amount of residual air. The reduced volume lung measured approximately 10 cm in diameter. No overtly visualized space occupying pericardial, cranial mediastinal, or intrathoracic mass.

**AGE**

2014

Very brief sonographic assessment of the liver revealed no obvious cranial abdominal ascites, gallbladder wall edema, or overt hepatic congestive criteria.

**WEIGHT**

104

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal cardiac structure and function.
- Moderate volume pleural effusion- non-cardiogenic.
- Suspect probable secondary lung atelectasis.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overtly normal cardiac structure and function without evidence of left or right heart volume overload or clinical pulmonary hypertension indicate that cardiovascular disease/CHF can be ruled out as a contributing factor to the pleural effusion. Without a definitive space occupying intrathoracic cranial mediastinal or pericardial mass, a definitive cause of the pleural effusion was not obvious. The possibility of primary pulmonary pathology and/or potential neoplastic criteria, which at times may present sonographically similar to lung atelectasis cannot be definitively excluded.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Littlestown VH

Abdominal sonogram to assess for concurrent or primary intraabdominal pathology as a contributing factor or potential thoracopulmonary metastasis, given patient's clinical signs, could be considered. Thoracic CT for further definition and clarification would likely be ideal, if possible.

**REFERRING VET**

Dr. Holland

**INVOICE**

46881

**DATE**

4/23/23



**PATIENT**

Sable McMullin

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**BREED**

German Shepherd

**SEX**

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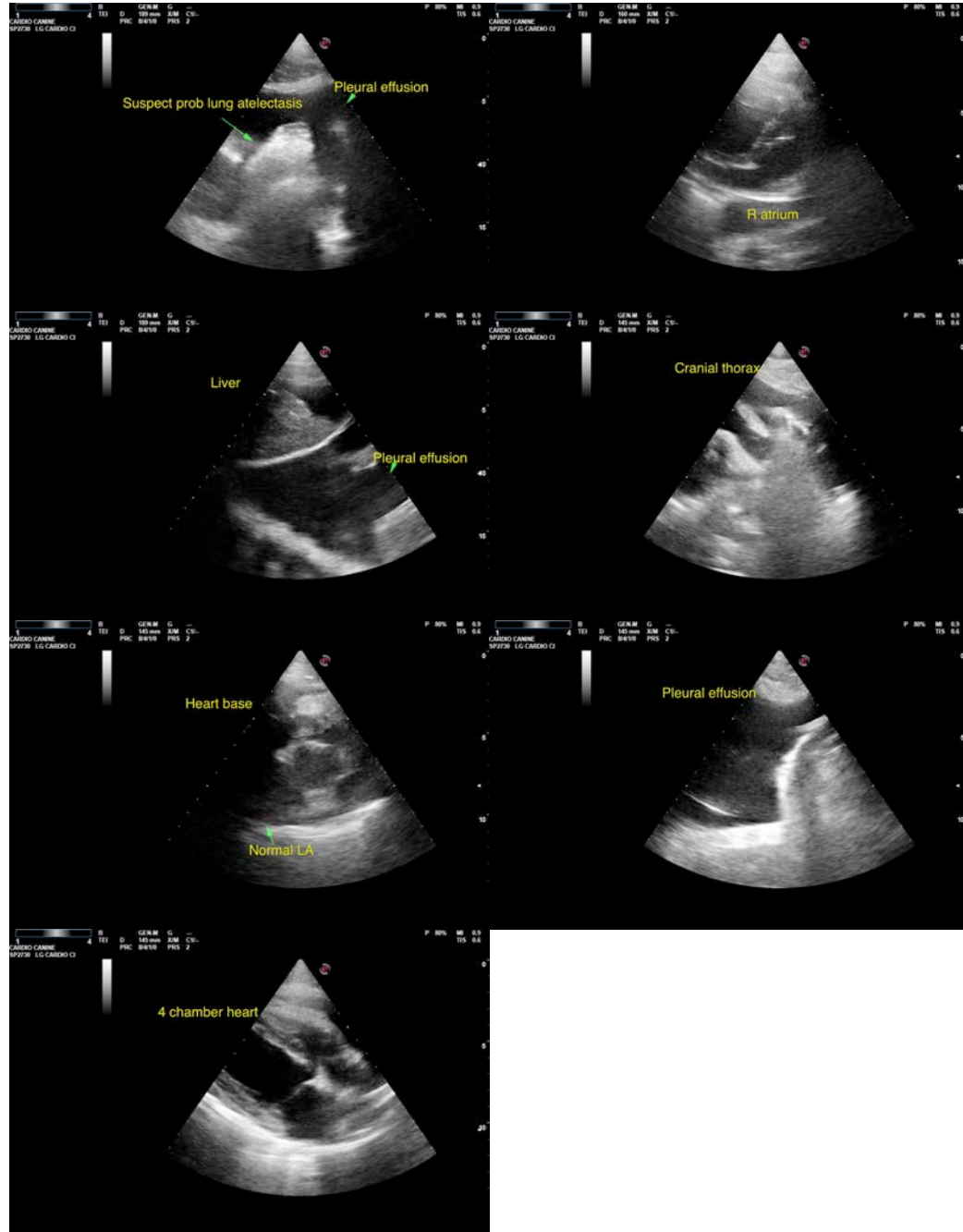
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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