



## PATIENT

Andy McAdams

## SPECIES

Canine

## BREED

Poodle Mix

## SEX

Male Neutered

## AGE

8y 2m

## WEIGHT

10 kgs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Brandywine Valley VH

## REFERRING VET

Austin Stutts, DVM

## INVOICE

13382

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

History: AUS to further evaluate abdominal effusion. Presented to rDVM on 3/30 for abdominal distention and hyporexia for about 1 week. No V/D. Abdominocentesis performed and 810 mls of red tinged fluid removed. TP on fluid was 3.8. PE also noted a Grade 4/6 HM. R/o neoplastic effusion vs CHF vs other. AUS sedation: Butorphanol 0.35 mg/kg IV.

Abnormal PE/Chem/CBC/UA Results: PE: Grade 4/6 HM, left apical PMI. Abd distention and very tense/tight. Palpable fluid wave. Normal RR/RE. - CBC: Hct 38/4%, Plts 209-n, remainder NSF - Chem: Alb 3.1-n, normal LES, normal BUN, Cr. NSF - Abd eff: TP 3.8 - AXR: loss of serosal detail, poss mass effect on left lateral.

## 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 changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the left kidney. 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 4.2 cm in length. The right kidney exhibited non-homogeneous mass in the cranial right kidney measuring 2.4 cm in diameter. Overall, the right kidney measured 4.9 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 0.45 cm width at the caudal pole. The right adrenal gland was overtly normal in size, position and shape subjectively measuring 0.60 cm width at the caudal pole.

### Spleen

The spleen was mildly subnormal in size suggestive of volume contraction exhibiting 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. No mass or nodules present.

### Liver

The liver was mildly enlarged in size with symmetrical to mildly rounded capsule contour and maintained homogeneous parenchyma exhibiting mild coarse echotexture. Mild prominent hepatic vasculature most notable in the area of the hepatic vein/caudal vena cava junction. Concurrent mildly prominent perihepatic caudal vena cava measuring 0.88 cm in diameter. The gallbladder was non-



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distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, non-shadowing ingesta most consistent with food echogenicity.

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.

### **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**

Moderate volume, mildly echogenic peritoneal effusion was present. Normal omental echogenicity and no significant or swollen mesenteric lymphadenopathy.

### **Heart**

Brief cardiac assessment revealed non-homogeneous heart-based mass appearing to be located between the left and right atrium. The mass measured ~2.7 cm x 2.1 cm. Normal left atrium and right atrium dimension. Subjective normal ventricular dimension with adequate LV systolic function. Thickened mitral valve leaflets consistent with endocardiosis and eccentric mitral insufficiency noted on doppler. No evidence of pulmonary edema or pericardial effusion

### **ULTRASONOGRAPHIC FINDINGS**

- Heart-based mass adjacent to the left/right atrium
- Congested liver
- Cranial right kidney mass
- Sonographically normal volume contracted spleen

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The heart-based mass is consistent with neoplastic criteria with considerations including sarcoma, chemodectoma or other. The mass is likely prohibiting venous return to the heart and secondary congestion including hepatic congestion and abdominal effusion. The concurrent cranial right kidney mass is most concerning for primary or metastatic neoplastic criteria with granuloma or other benign etiology thought less likely. Cytospin cytology of abdominal effusion for evidence of neoplastic criteria. The mitral valve insufficiency appears subjectively compensated at this stage without evidence of LA enlargement. No other indication for cardiac medications.



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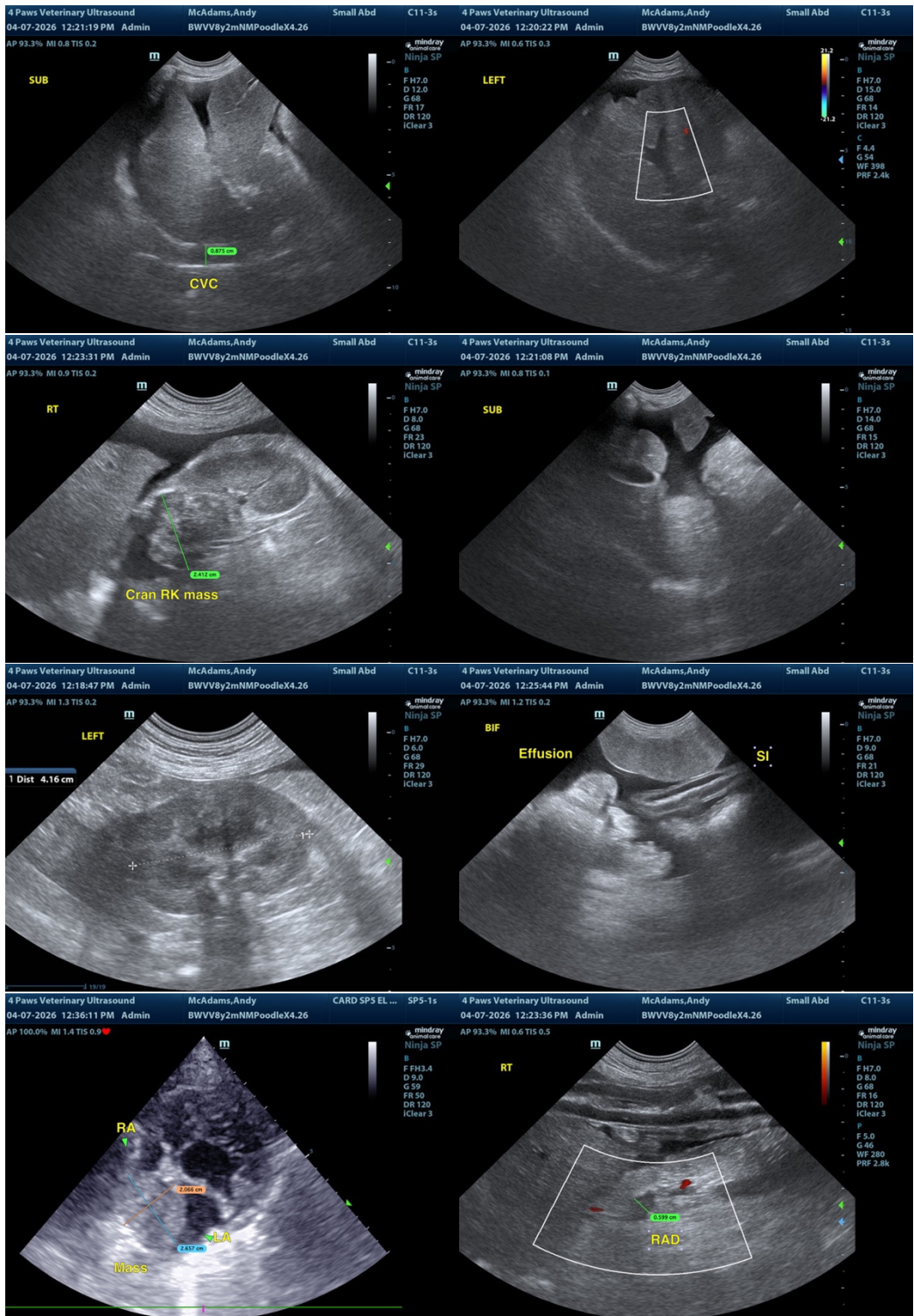
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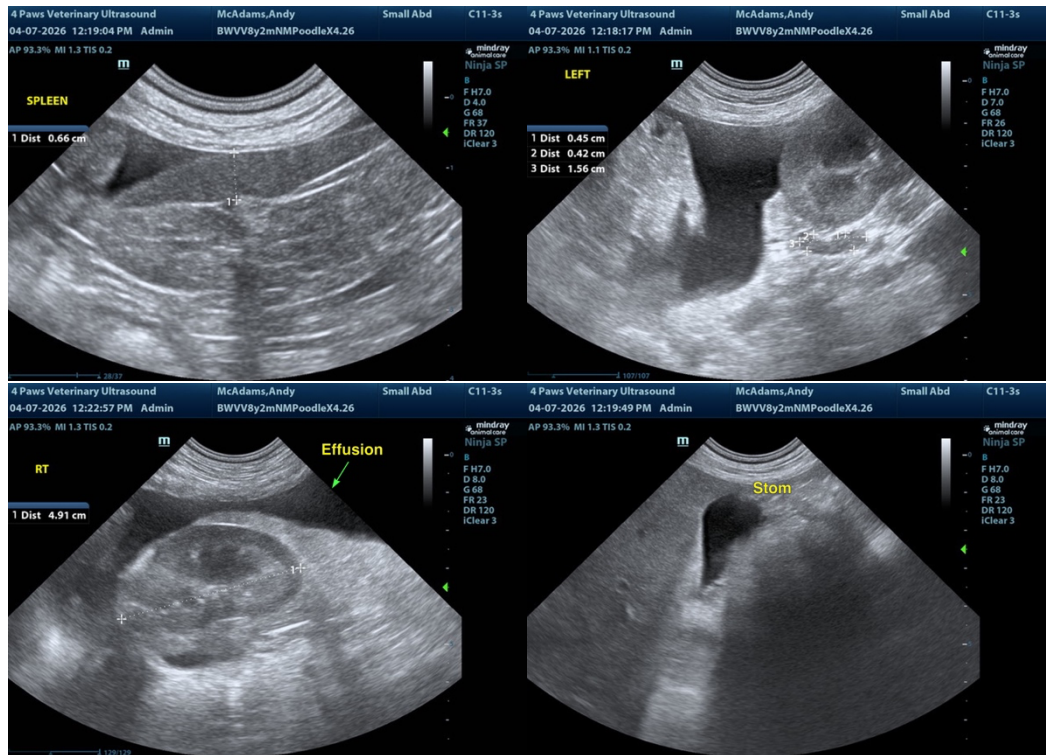
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)