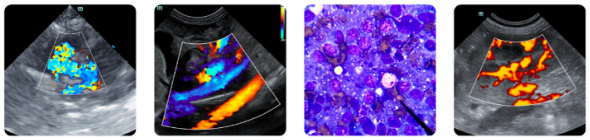


PATIENT

Sandy Navarro

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Female Spayed

AGE

9y

WEIGHT

48.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Hector Perez

INVOICE

13383

DATE

4/7/26

PRESENTING CLINICAL SIGNS

History: Px presented as a referral for an abdominal ultrasound and a thoracic non-cardiac ultrasound due to ascites, lethargy, inappetence, and vomiting after drinking water. Owner reports that Px is PU/PD, but every time Px drinks water they vomit it out. Px visited rDVM last week and radiographs were performed, showing ascites and a space occupying lesion at the base of the heart, displacing the trachea dorsally. When Px presented to our clinic she was tachypneic, had pale mm, cold mucosa and extremities, and was sluggish when walking. No coughing reported, some diarrhea reported by owner some days ago.

Abnormal PE/Chem/CBC/UA Results: Bloodwork, rDVM records, and Radiographs attached below for your reference.

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.

Normal size and margination was 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 6.0 cm in length.

Adrenal Glands

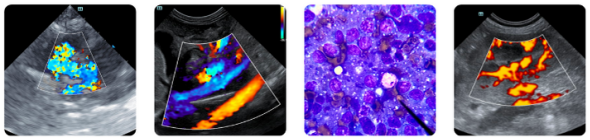
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm width 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

The liver presented enlarged in size with 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 minor, echogenic, nonmineralized biliary sludge. Anechoic bile was present. The common bile duct was not definitively visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental duodenojejunal corrugation. 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 semi-formed feces in lumen with segmental empty colon.

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

Intermittent enlarged medial iliac and mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 2.7 cm x 1.3 cm.

Heart

The brief subjective echo revealed extensive non-homogeneous mass occupying majority of dilated right atrial lumen potentially extending into right ventricle or pulmonary vein. The mass measured at least 4.0 cm in diameter. Norma left atrial dimension. Thickened left ventricle wall which may suggest pseudo hypertrophy secondary to volume contraction. Subjective mildly enlarged to swollen hypoechoic sternal to mediastinum lymph nodes. Primarily aerated lung with mild volume pleural effusion. No evidence of distal aortic thrombus present. Significant volume anechoic peritoneal effusion and homogeneous mildly hypoechoic omentum.

ULTRASONOGRAPHIC FINDINGS

- Extensive right atrial lumen mass with concurrent right atrial enlargement with potential extension of mass into right ventricle or pulmonary vein
- Normal LA/LV dimension with LV pseudo hypertrophy
- Mild sternal/mediastinum lymphadenopathy and minor pleural effusion
- Congestion liver with concurrent minor edematous gallbladder
- Significant volume peritoneal effusion
- Sonographically normal spleen
- Normal gastrointetsinal tract with mild nonspecific duodenojejunal corrugation – possible nonspecific enteritis
- Sonographically unremarkable bilateral kidneys/adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extensive mass associated with the right heart appears to be prohibiting venous return resulting in secondary hepatic congestion and bi-cavitary effusion. The mass is most consistent with neoplasia

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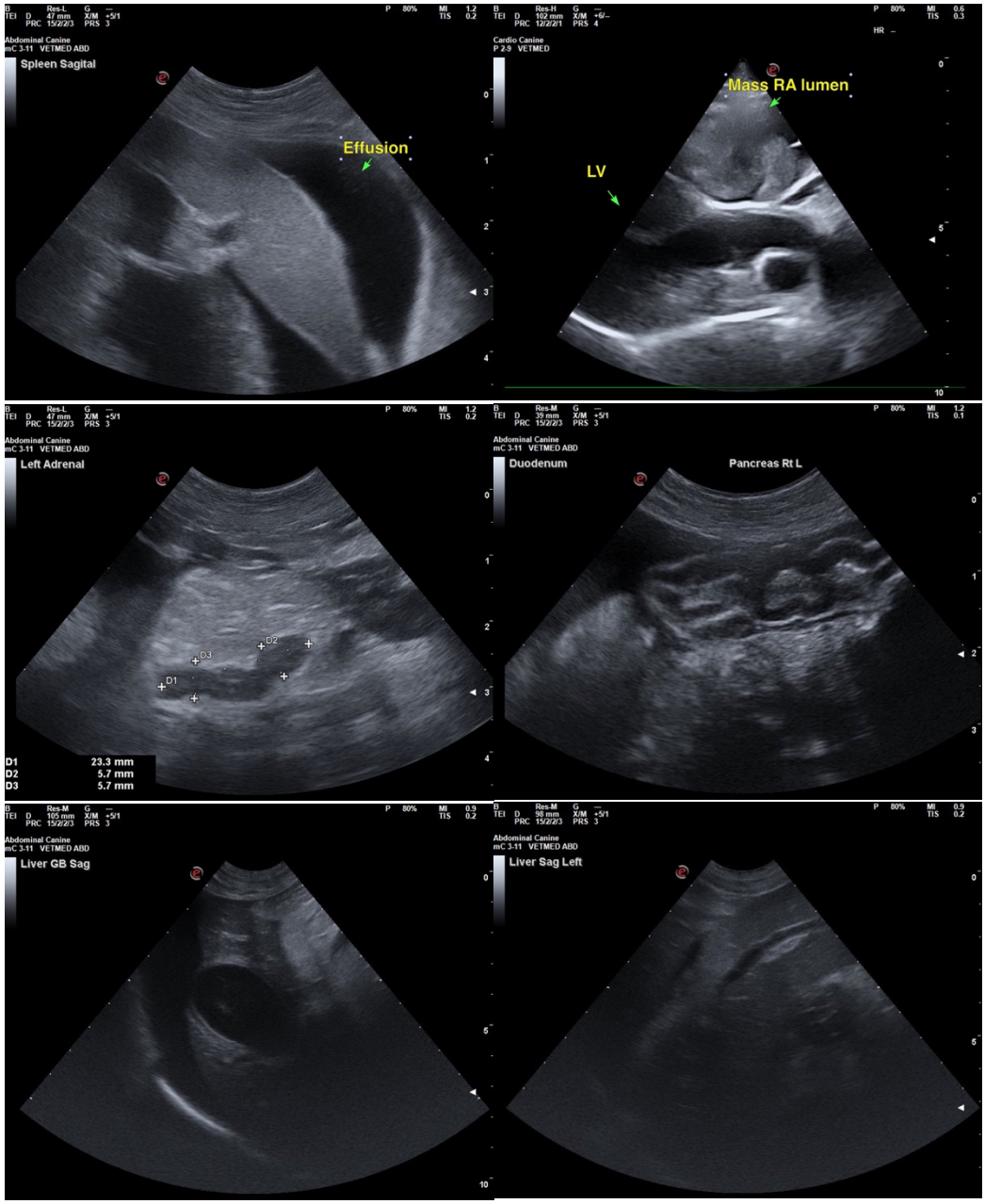
with potential for a large right heart blood clot yet thought less likely. Correlation with effusion analysis and +/- cytology if cellular component is recommended. Unfortunately, an unfavorable prognosis is indicated.



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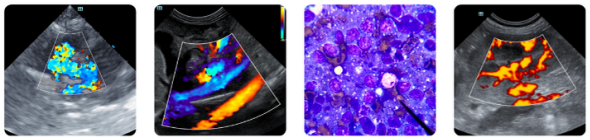

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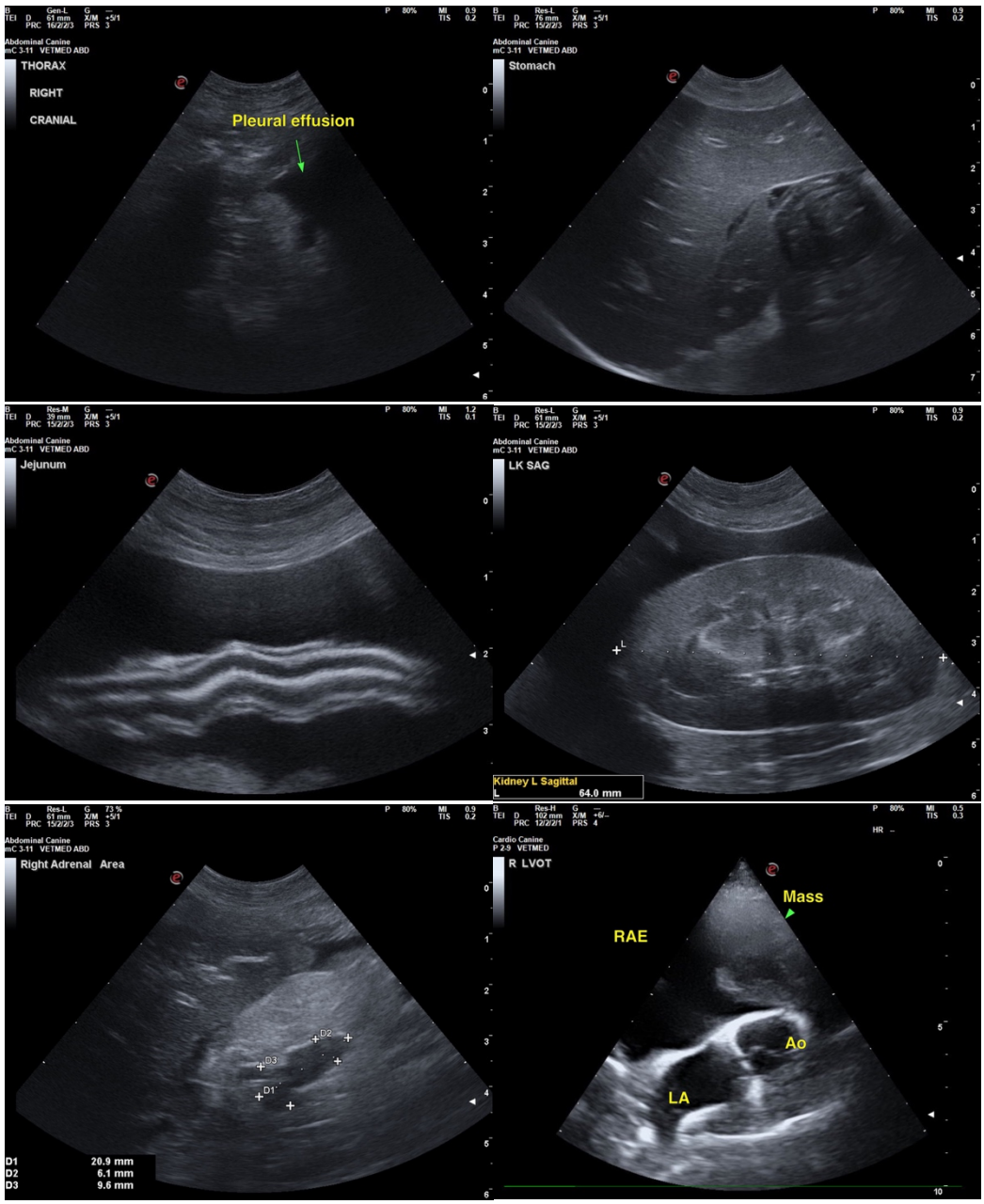

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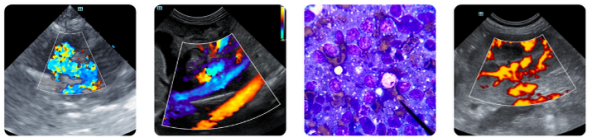

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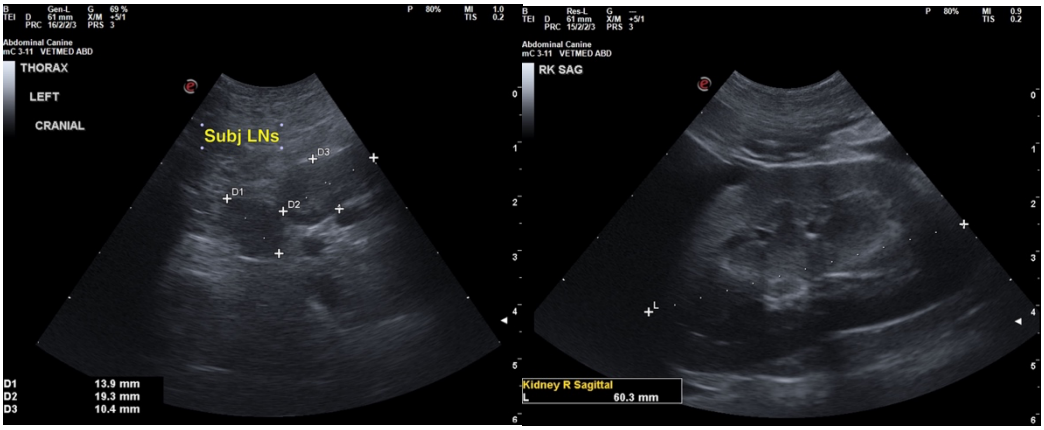

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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