



PATIENT PRESENTING CLINICAL SIGNS

Maximus Meyers

History: 5/10/22 - T=102.8, presented for Low energy, coughing. PE: Overweight (8#), clear lungs, no murmur 5/13/22 - T=103, low energy 5/18/22 - O found Maximus in the field and had to bring up with tractor. Very weak. T=101.8, Tachycardia (170), Increased respiratory effort and tachypnea (120); pale pink mm, distended abdomen full cranial abdomen (became cyanotic and foaming of the mouth when restrained for the u/s -- oxygen therapy; increased respiratory sounds on inspiration) Current Medications Amoxi/Clav; Gave 100mg of furosemide IM at the time of the u/s Primary Question/Differential to Be Answered in This Exam Concerned about cardiac decomp or neoplasia

SPECIES

Canine

BREED

English Golden Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

80.1 Pounds

Abnormal PE/Chem/CBC/UA Results: 5/10/22 - Monocytosis, mild hypocalcemia, mild Reduction of BUN, Proteinuria, Hct (31% with low normal RBC), pH8 5/18/22 - Neutrophilia (16.14), Hct (29), ALT (146), Glu (153) Normal albumin (3.6)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & HEART

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

INTERPRETED BY

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

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 evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 8.1 cm in length.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.9 cm in length x 0.63 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 3.1 cm in length x 0.89 cm width at the caudal pole.

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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.

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DATE

5/18/22

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.



PATIENT

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

Maximus Meyers

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Gastrointestinal

Canine

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.

BREED

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.

English Golden Retriever

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

SEX

Pancreas

Neutered Male

The pancreas was mildly prominent in size, exhibiting nonhomogeneous parenchyma, including evidence of subtle hypoechoic striations.

AGE

Free Abdomen

5 Years

Mild volume ascites noted. Mild generalized reactive mesentery noted. No overt lymphadenopathy.

WEIGHT

Other

80.1 Pounds

A brief sonographic assessment of the heart revealed a large to expansive nonhomogeneous mass associated with the area of the right atrium and auricle, extending into the regional thoracic cavity, measuring approximately 8-9 cm in diameter. Collapse of the right atrium during diastole, consistent with cardiac tamponade and suspected to be somewhat owing to the mass in the right atrium and auricle, was present. The left ventricle exhibited normal subjective systolic function. The left atrium was normal in size. Moderate volume, subjective anechoic pleural effusion, along with mild to moderate volume ascites was present.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

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

- Congestive hepatopathy
- Edematous pancreas
- Large nonhomogeneous mass in the area of the right atrium/auricle
- Moderate volume peritoneal and pleural effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Unfortunately, the sonographic abnormalities are consistent with neoplasia, associated with the right atrium and auricle with secondary to concurrent cardiac tamponade and cardiogenic pleural and peritoneal effusion in addition to congestive hepatopathy. Given the location of the cardiac mass, hemangiosarcoma may be considered a top differential diagnosis, although other neoplastic processes are possible.

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The prognosis, given this presentation, is poor with a probable estimated mean survival time of only a few months. Referral for further assessment, such as CT, as well as assessment of potential surgical or



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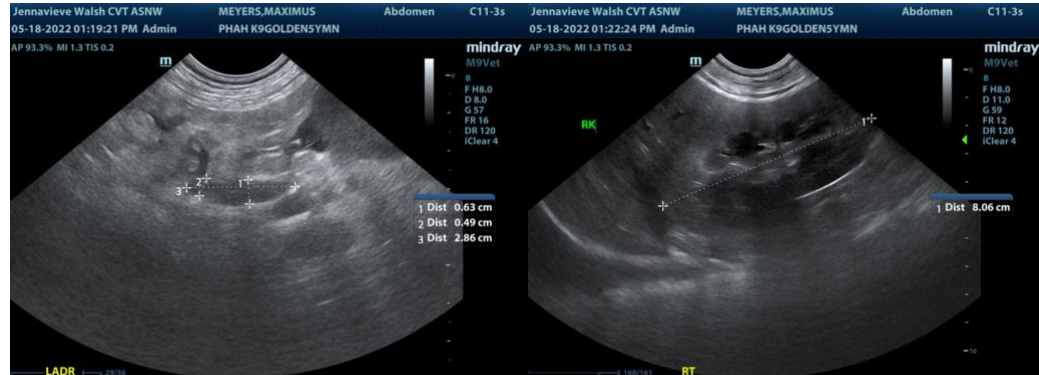
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oncology options, including chemotherapy and/or radiation could be considered. Prophylactic thoracocentesis to allow better breathing could also be considered yet an unknown time frame of effusion reoccurrence is likely. However, humane euthanasia would not be unwarranted given this presentation.





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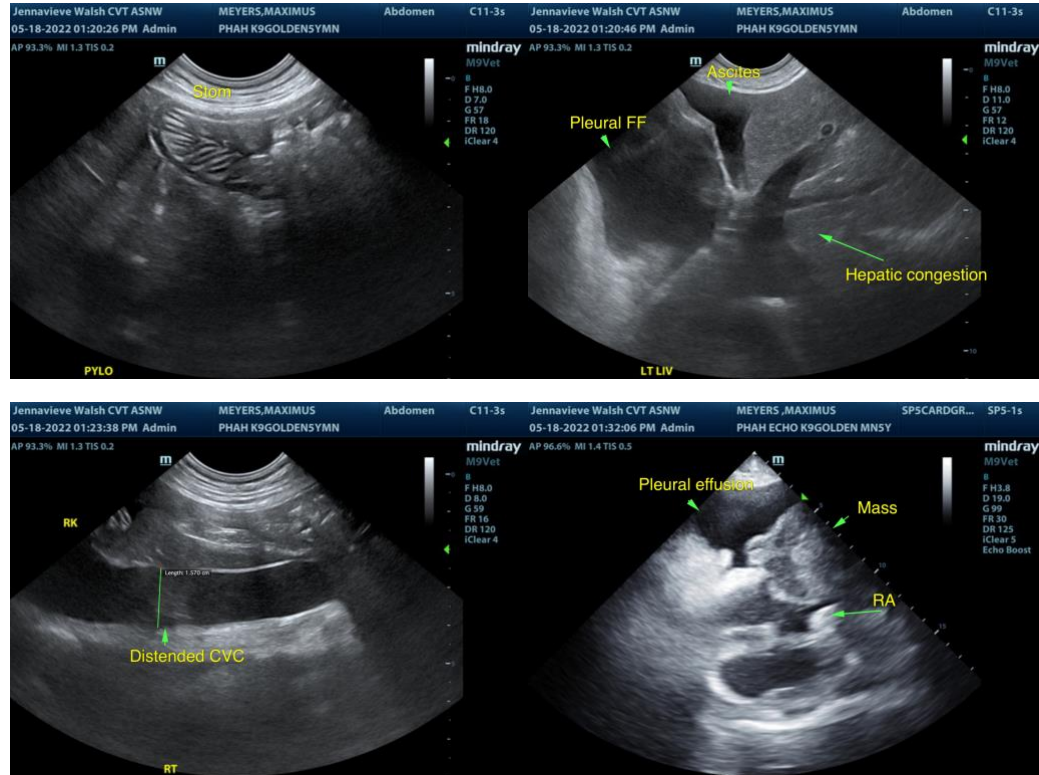
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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