



PATIENT

Benny Ramele

SPECIES

Canine

BREED

Poodle Mix

SEX

MN

AGE

13yr

WEIGHT

32kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Southwood Veterinary
Hospital

REFERRING VET

Dr Harris

INVOICE

24894

DATE

05/20/2026

PRESENTING CLINICAL SIGNS

Collapsing episodes

Abnormal PE/Chem/CBC/UA Results: Mild anemia with spherocytes Mild ALT elevation
Moderate ALP elevation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured – cm in length. The right kidney measured – cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. A cranial right adrenal gland non-capsule deforming hyperechoic non-mineralized nodule was present measuring 0.83 cm x 0.67 cm.

The left adrenal gland measured 0.79 cm width in the cranial pole and 0.49 cm width in the caudal pole. The right adrenal gland measured 0.80 cm width in the cranial pole and 0.67 cm width in the caudal pole.

Spleen

The spleen exhibited borderline enlarged size, symmetrical rounded contour and homogenous parenchyma. Mild caudomedial splenic folding.

Liver/Gallbladder

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. Left liver irregular non-homogenous to hyperechoic mass was present measuring ~ 6.1 cm x 5.3 cm. The gallbladder was non-distended in size. The gallbladder wall was thickened in appearance consisting of an 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. cystic and common bile ducts were normal.



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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. The lumen of the small intestine was empty with no signs of mechanical/metabolic 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/Cardiac

Mild volume peritoneal effusion was present.

Intermittent minor prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Brief cardiac assessment revealed moderate volume pericardial effusion and secondary cardiac tamponade. A non-homogenous mass in the area of the right atrium and atrioventricular groove measuring ~ 3.4 by 2.5 cm was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Congested liver with non-homogenous hyperechoic liver mass
- Mild edematous gallbladder
- Mildly enlarged folded spleen
- Mild volume peritoneal effusion and intermittent mild mesenteric lymphadenopathy
- Right atrium/ atrioventricular mass with pericardial effusion and secondary cardiac tamponade
- Small cranial right adrenal nodule suspect adenoma

Secondary

- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of the patient's clinical signs is pericardial effusion and secondary cardiac tamponade. The right atrium / atrioventricular groove mass is most likely consistent with sarcoma given location although alternative neoplasia is possible. No obvious evidence of concurrent or primary splenic mass. The liver mass may indicate separate neoplastic process i.e. carcinoma or benign etiology such as hyperplasia or granuloma.

Pericardiocentesis for immediate relief of cardiac tamponade and patient clinical signs with cytology of



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pericardial fluid in search of definitive diagnosis recommended. Referral for additional diagnostics and potential interventional procedure may be considered if indicated.

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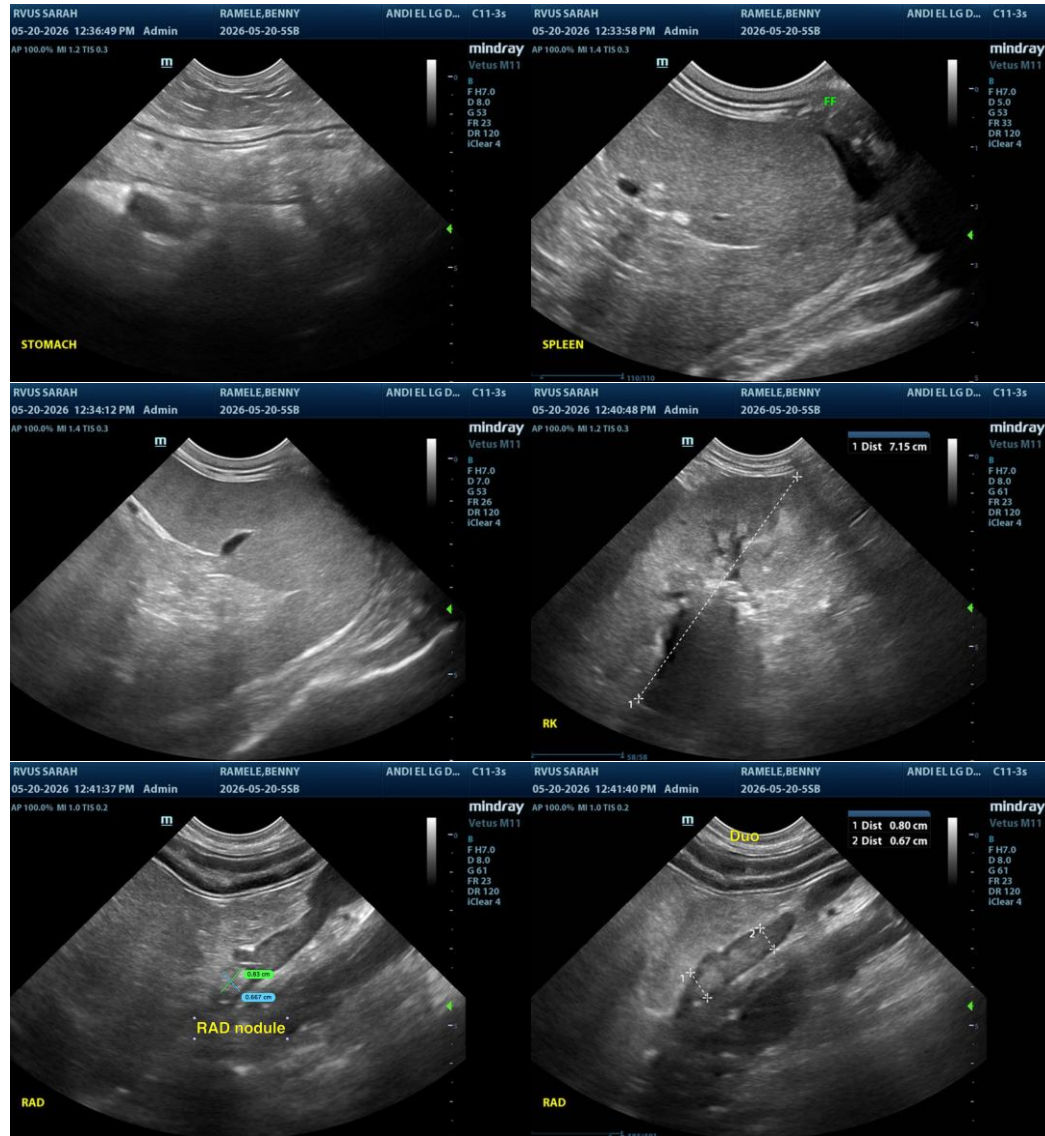
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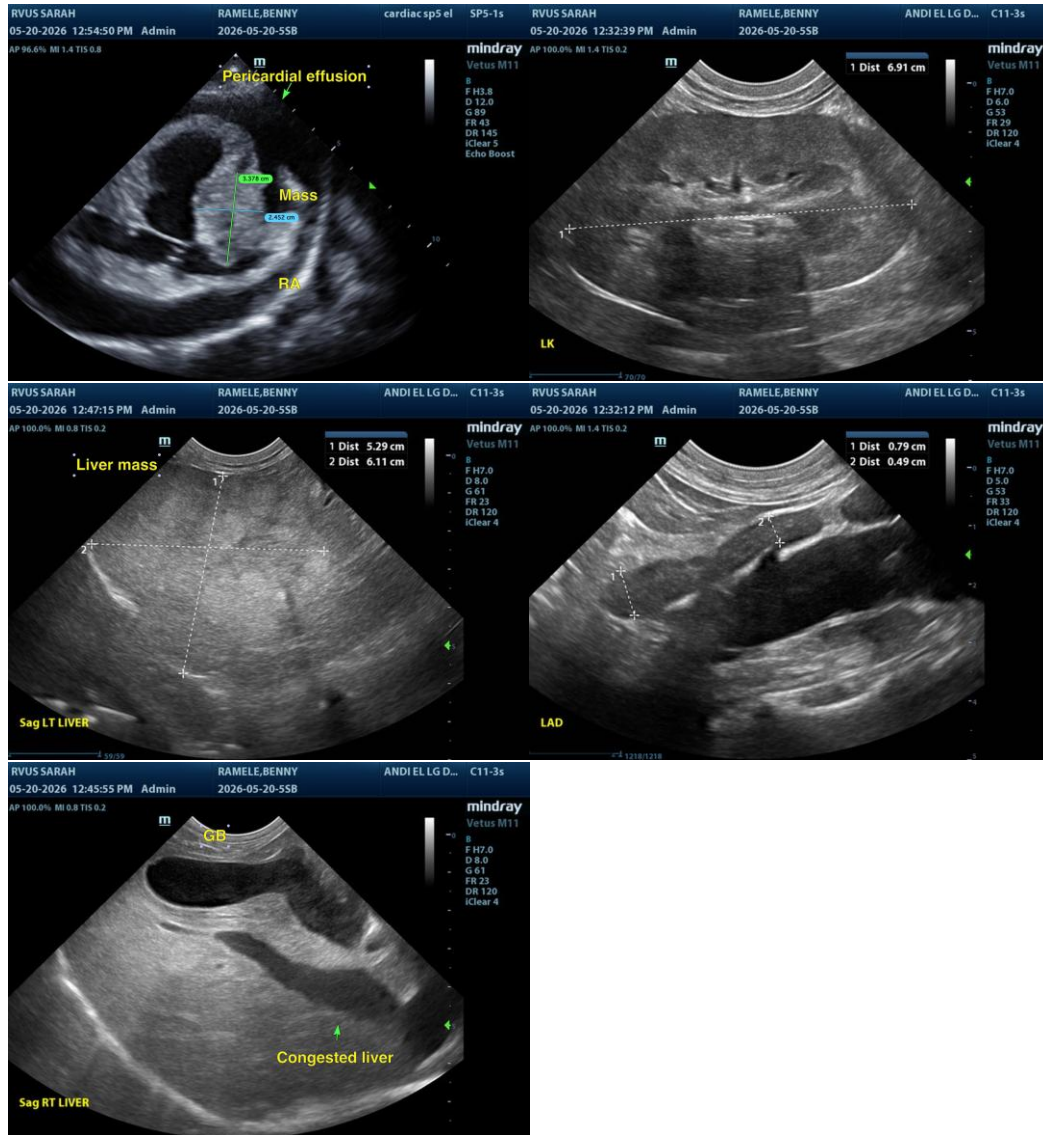
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com