



PATIENT PRESENTING CLINICAL SIGNS

Harry Weiss
 History: distended abdomen, enlarged cardiac silhouette, lethargy, loss of appetite, some vomiting; on cerenia.
 Abnormal PE/Chem/CBC/UA Results: BUN 30, ALT 173, ALKP 315

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

BREED

Beagle

SEX

Neutered Male

AGE

13 Years

WEIGHT

27 Pounds

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT	--	--	1.2	1.0	41	75	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	146	1.2	1.0	--	2.4	2.4	--

INTERPRETED BY

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

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Reidel

INVOICE

16227

DATE

6/23/22

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Moderate volume pericardial free fluid was present with evidence of secondary cardiac tamponade. A nonhomogeneous mass, associated with the right atrium/auricle was present, measuring 3.0 cm x 2.0 cm.

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.



PATIENT	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 5.6 cm in length. The right kidney measured 6.0 cm in length.
Harry Weiss	
SPECIES	
Canine	Adrenal Glands
BREED	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm in length x 0.61 cm width at the caudal pole.
Beagle	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm in length x 0.57 cm width at the caudal pole.
SEX	Spleen
Neutered Male	The spleen exhibited potential for mild enlargement. Areas of mild asymmetrical lateral and medial capsule contour were noted. Subtle areas of isoechoic splenic parenchymal expansion were present, along with intermittent indistinct hyperechoic splenic nodules. The hyperechoic splenic nodules, although nonspecific, are suggestive of benign myelolipomas.
AGE	
13 Years	Liver
WEIGHT	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 mild hepatic vasculature was dilated in appearance, most notable at the level of the caudal vena cava junction, without evidence of thrombosis.
27 Pounds	
INTERPRETED BY	The gallbladder was non distended in size with mild congealed hyperechoic gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation. No evidence of gallbladder wall edema or peripheral gallbladder inflammation.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Gastrointestinal
IMAGING PERFORMED BY	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.
Diane McFadden	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.
HOSPITAL NAME	Normal visible colon wall layers were present with apparent formed feces in lumen.
North Jersey AH	Pancreas
REFERRING VET	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.
Dr. Reidel	
INVOICE	Free Abdomen
16227	Moderate volume anechoic peritoneal free fluid and generalized mild reactive mesentery.
DATE	ULTRASONOGRAPHIC FINDINGS
6/23/22	<ul style="list-style-type: none"> Congestive hepatopathy pattern



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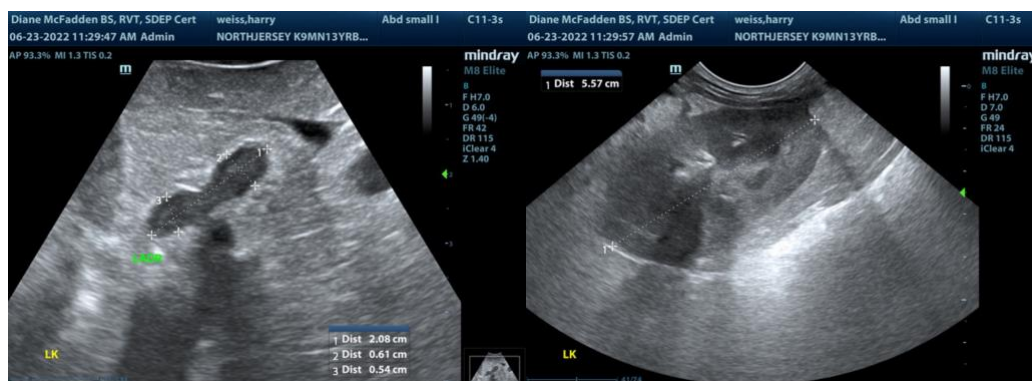
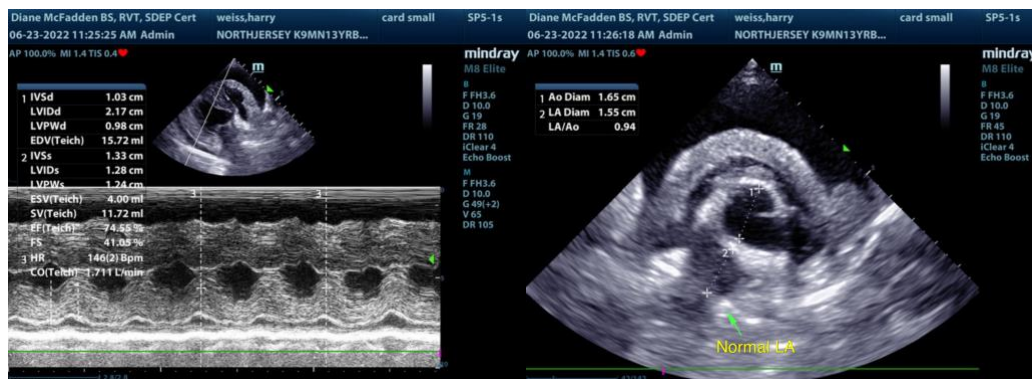
6/23/22

- Mild congealed gallbladder debris (non-mucocele)
- Mild irregular to indistinct hyperechoic nodular spleen
- Moderate volume anechoic peritoneal free fluid
- Right atrium/auricular mass with secondary pericardial effusion and cardiac tamponade

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the location of the right atrium/auricular mass, hemangiosarcoma versus other neoplastic disease, is considered the top differential diagnosis. This has likely led to pericardial sac hemorrhage and secondary cardiac tamponade, resulting in congestive hepatopathy and secondary ascites. Given this finding, long term prognosis is likely poor. Referral for pericardiocentesis +/- oncology or surgical consultation could be considered.

The appearance of the spleen was not overtly consistent with neoplastic criteria with probable areas of benign myelolipomas and nonspecific, mildly expansive parenchymal changes, which may indicate hyperplasia, hematopoiesis, incidental splenitis or similar. However, the possibility of multicentric neoplasia in this case cannot be excluded. Correlation with abdominocentesis, for effusion analysis, cytology +/- culture and sensitivity, if clinically indicated, could be considered.





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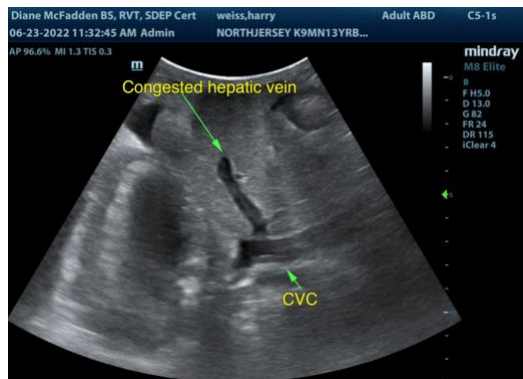
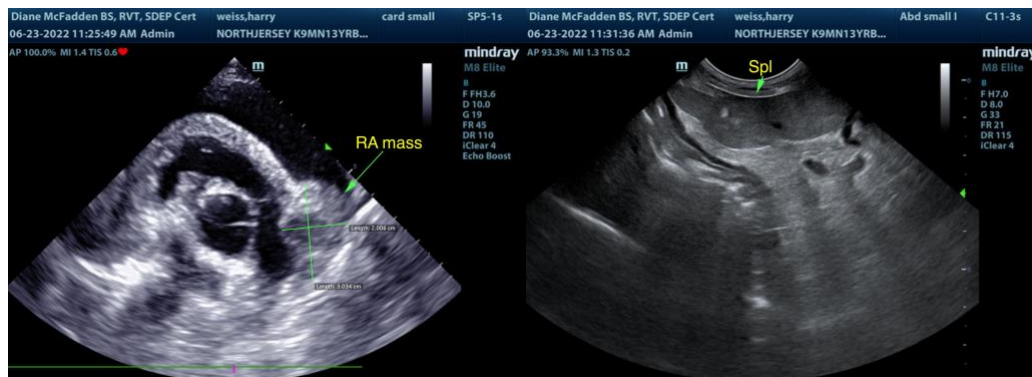
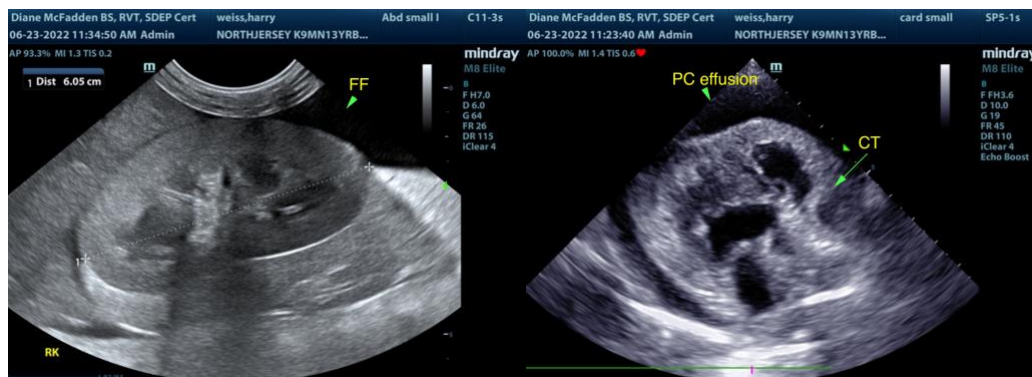
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com