



PATIENT

Charlie Poole

PRESENTING CLINICAL SIGNS

Tachypneic, weak, not eating

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Labwork: pcv 32 %, 36k wbc, Radiographs: Severe pleural fluid with dorsally displaced trachea

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

BREED

Gordon Setter

Diffuse hepatopulmonary pathology exhibited by non-homogenous soft tissue echo including ill-defined irregular left and right intrathoracic masses combined with areas of indistinct aerated lung. An ill-defined mass in the left thorax measured ~ 13.0 cm in diameter, a right cranial thorax mass/mediastinum mass measured ~ 10.0 cm in diameter. Some areas of probable compromised pulmonary parenchyma exhibited mild hepatization appearance.

SEX

Moderate volume mildly echogenic pleural effusion was present.

MN

Brief limited sonographic cardiac assessment revealed no overt evidence of left/right heart chamber enlargement with subjective adequate LV systolic function. No obvious evidence of pericardial effusion.

AGE

11yr

Brief sonographic assessment of the liver revealed potential for mild hepatomegaly yet overall, the liver appeared to be within the abdominal cavity without obvious evidence of diaphragmatic compromise. The visualized liver exhibited maintained homogenous parenchyma without evidence of hepatic congestion or masses/nodules.

WEIGHT

58lb

ULTRASONOGRAPHIC FINDINGS

- Diffuse intrathoracic pathology with ill-defined irregular left and right thoracic masses.
- Moderate volume pleural effusion.
- Subjective normal heart-noncardiogenic pleural effusion.
- Potential mild hepatomegaly with overtly intact diaphragm.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the intrathoracic pathology may include diffuse pulmonary disease i.e., inflammation/infection, consolidation, neoplasia or other with unlikely potential for non-obvious diaphragmatic hernia or invading hepatic neoplasia. Primary consideration for diffuse thoracic pulmonary neoplasia is warranted.

IMAGING PERFORMED BY

Amanda Crook -
SDEP Certified
Clinical Sonographer

Assuming normal clotting status, effusion analysis and thoracic mass FNA for screening cytology +/- C/S is warranted for further assessment.

HOSPITAL NAME

Rivers Edge Pet
Medical Center

Thoracoabdominal CT is likely ideal given this presentation however an extremely guarded to likely unfavorable prognosis is suspected.

REFERRING VET

Dr. Jasmine Flanagan

INVOICE

14215ag

DATE

06/26/2023



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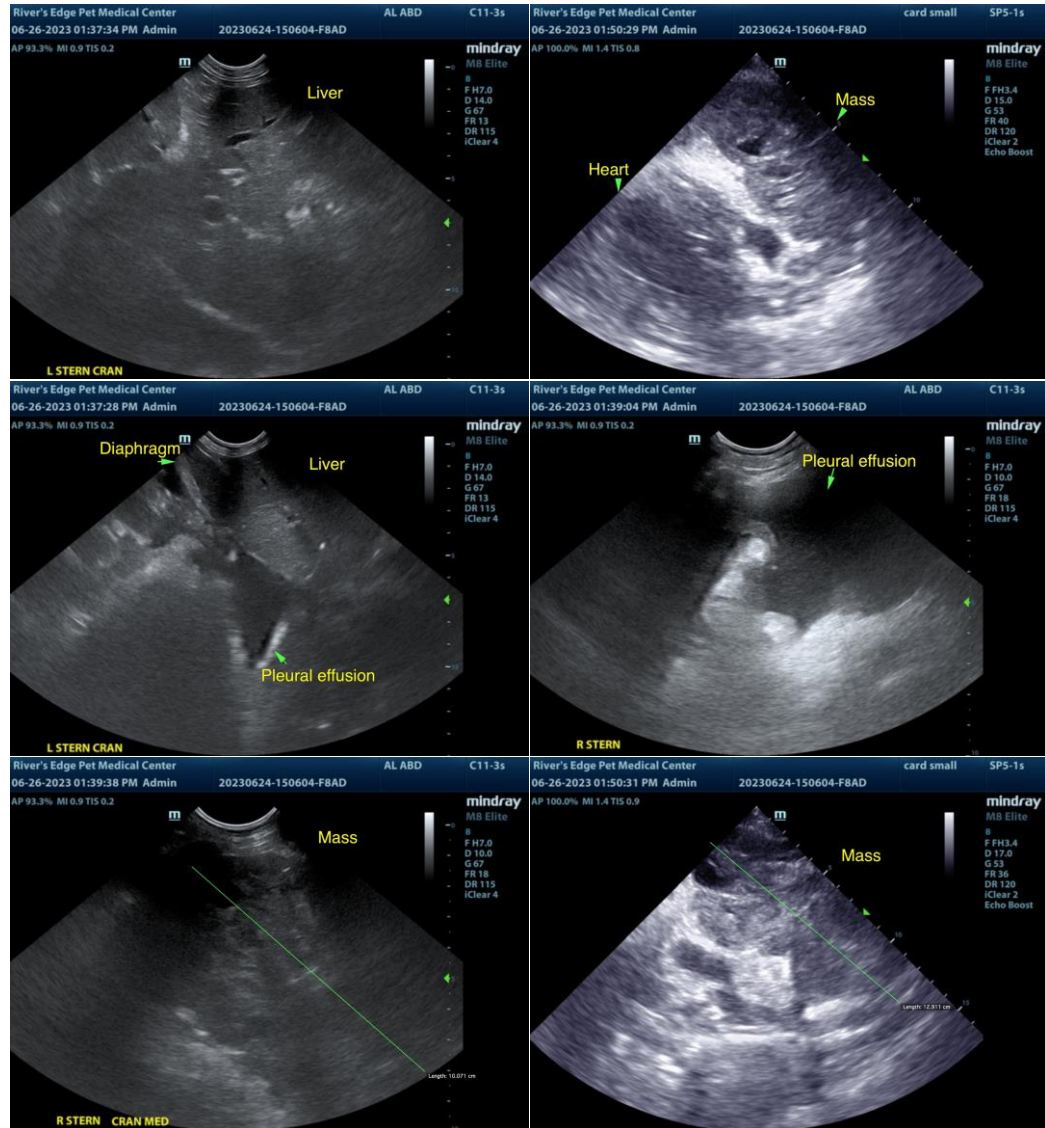
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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