



PATIENT

Sasha Ruback

PRESENTING CLINICAL SIGNS

Presented on ER last night for progressive lethargy, episode collapse yesterday. Some coughing/gagging intermittent past few months, general slowing down, no recent vet visits

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results

BREED

Lab Mix

Mildly hypotensive, pulses variable intensity, FAST scan showed pericardial effusion, abdominal effusion; the abdominal effusion is clear but the TP is 4.5. Was recommended to hospitalize for diagnostics and therapeutic centesis, echo; owners elected to take home but returned this morning for echo and pericardiocentesis. They will not be pursuing referral/oncology/specialty level care, just want to try and give Sasha some time if possible so they can make plans for euthanasia at home. This morning I drained 310mL hemorrhagic fluid prior to echo; a brief abdominal scan showed heterogenous mass effects throughout the abdomen. Spleen didn't look normal but did not have obvious mass associated with it.

SEX

FS

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

AGE

14 yr

WEIGHT

33 kg

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		2.6		1.7	40.5	74.6	0.34
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	NM	1.7	1.3		4.4	4.2	

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency Care

REFERRING VET

Dr. Kalsbeek

INVOICE

11076ag

DATE

07/09/2022

Cardiac Presentation

Mild volume pericardial effusion without current evidence of cardiac tamponade was present. A nonhomogeneous indistinctly demarcation lesion associated with the right atrial ventricular groove and right atrium/auricle measuring 4-4.5 cm in diameter was present. LV function is adequate. The left atrium was overtly normal in diameter without evidence of enlargement. LV exhibited subjective normal volume. Pulmonic and aortic valves were overtly normal in appearance. Minor PI present on Doppler measuring 1.2 m/s. Minor irregular thickening noted in the mitral and tricuspid valves with mild mitral and tricuspid valve insufficiency. No overt evidence of concurrent pleural effusion.

Brief sonographic assessment of the cranial abdomen revealed overtly normal hepatic volume without evidence of current cranial abdominal ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the reported history of more significant pericardial effusion removed via pericardial centesis in addition to probable modified transudate peritoneal effusion, previous cardiac tamponade alleviated



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by pericardial centesis secondary to pericardial effusion associated with cardiac neoplasia in the area of the right ventricle groove and auricle is present. The most likely tumor type is hemangiosarcoma although other tumor types are possible. The prognosis with a cardiac tumor with primary concern for hemangiosarcoma is poor. Recurrent hemorrhagic pericardial effusion in an unknown timeframe is likely. Patients with cardiac neoplasia are at high risk of malignant arrhythmias and/or potential sudden death.

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Sonographic monitoring of the pericardial space for monitoring of recurrent or progressive effusion with as needed pericardial centesis could be considered however as previously stated, an unfavorable prognosis is indicated.

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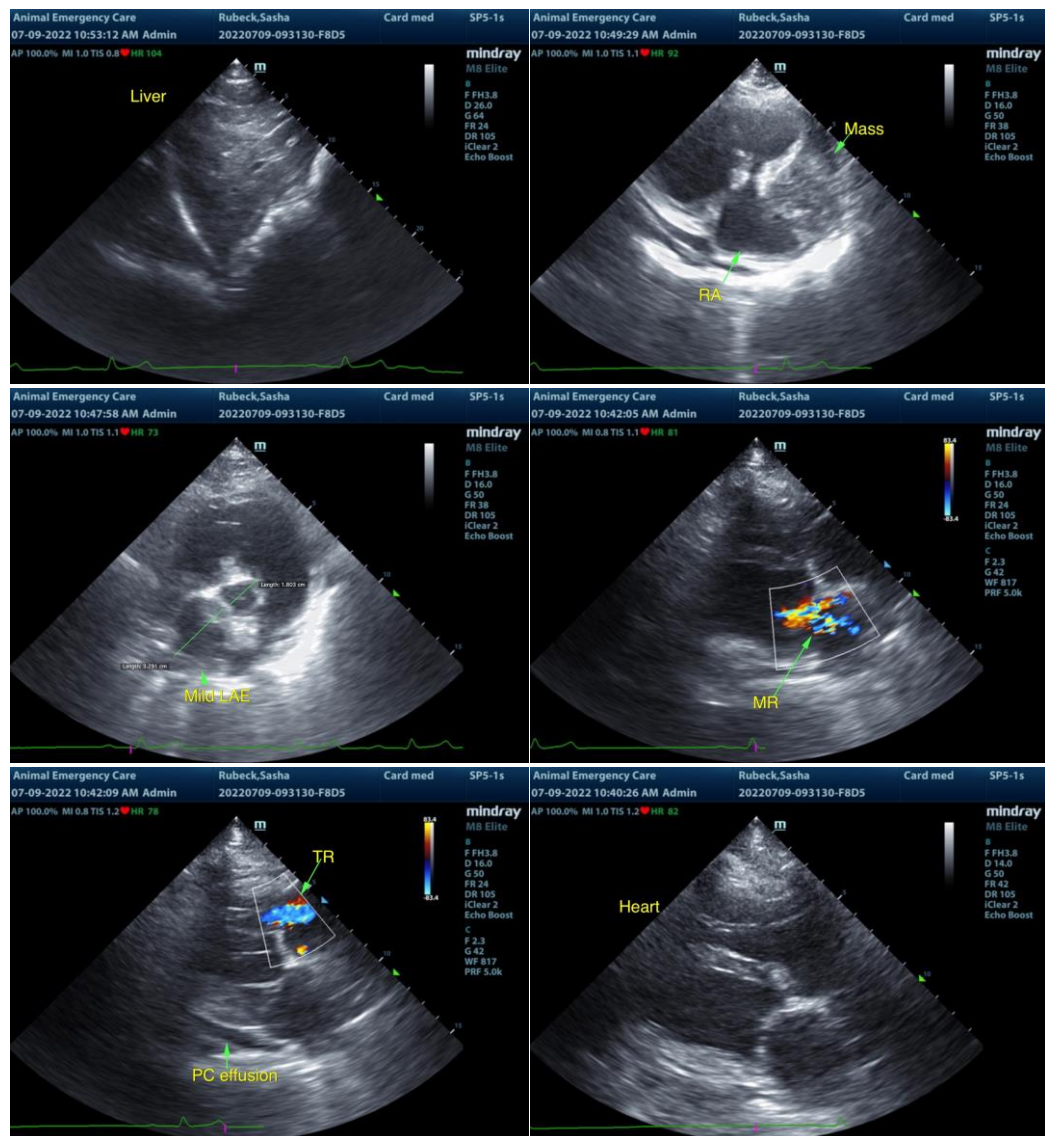
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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)

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