


PATIENT
PRESENTING CLINICAL SIGNS

Kilo Hlubik

Acute onset of ascites + possible respiratory congestion - numerous dermal masses were to be biopsied - Just started Furosemide and Gabapentin for exam. x-ray pending.

SPECIES
ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART

Canine

BREED

Pitbull Mix

SEX

MN

AGE

8yr

WEIGHT

71lb

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	<1.6	28-40	40-100	<0.6
PATIENT		3.2			47	79	0.15
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	167	1.25	1.2		3.5	3.3	

Cardiac Presentation

Mild to moderate volume pericardial effusion was present without overt evidence of right atrial diastolic wall collapse. A hypoechoic non-homogenous well demarcated lesion was present in the area of the heart base/left atrium subjectively directly effacing the aorta and pulmonary artery. The lesion measured ~ 6-7 cm in diameter. LV function was adequate. The LA was overtly normal in diameter. Overall normal RA volume was present with mild TR on Doppler. Subjective normal LV and RV volume was present. Pulmonic and aortic valves were overtly normal in appearance. Normal measured LVOT/RVOT. No overt arrhythmia.

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.

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 6.7 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Chester AH

REFERRING VET

Dr Migliaccio

INVOICE

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Adrenal Glands

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The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.56 cm width at the caudal pole and 2.8 cm length. The right adrenal gland measured 0.56 cm width at the caudal pole and 2.4 cm length.

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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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Liver/Gallbladder

The liver was subjectively mildly enlarged with rounded symmetrical contour and mild increased prominence of the hepatic veins most notable at the level of the hepatic vein caudal vena cava junction. No evidence of masses/nodules. 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 gallbladder wall edema. Possible causes may include acute inflammation, edema and anaphylaxis. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta sonographically suggestive of food with no signs of ileus, obstruction or foreign material.

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(Canine and Feline)

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.

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

IMAGING PERFORMED BY

Jessica Miller, RDMS

Pancreas

The pancreas was not definitively visualized owing to ascites.

Free Abdomen

No omental masses or overt lymphadenopathy was present.

Moderate volume anechoic ascites. Generalized mild increased omental echogenicity was present.

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ULTRASONOGRAPHIC FINDINGS

REFERRING VET

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- Large non-homogeneous heart base mass with mild to moderate volume pericardial effusion.
- Mild TR-estimated pulmonary pressure gradient ~ 40 mmHg, suggestive of mild pulmonary hypertension.
- Hepatomegaly with mild prominent hepatic vasculature-consistent with congestive criteria.
- Mild gallbladder wall edema.
- Moderate volume ascites.
- Minor age related renal changes.

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- Normal spleen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The heart base mass is consistent with neoplastic criteria with potential considerations including hemangiosarcoma, chemodectoma, ectopic parathyroid tumor or other. No obvious evidence of secondary cardiac tamponade yet given hepatic congestive criteria and gallbladder wall edema, intrathoracic pathology such as increased pulmonary pressure i.e., pulmonary hypertension, emerging cardiac tamponade or other with secondary congestive hepatopathy and abdominal ascites is present.

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Pericardial and abdominocentesis for effusion analysis cytology is recommended. Referral for oncology consult for potential chemotherapeutic/radiation intervention could be discussed. The prognosis is likely poor given high potential for recurrent/progressive pericardial effusion, malignant arrhythmias and/or sudden death.

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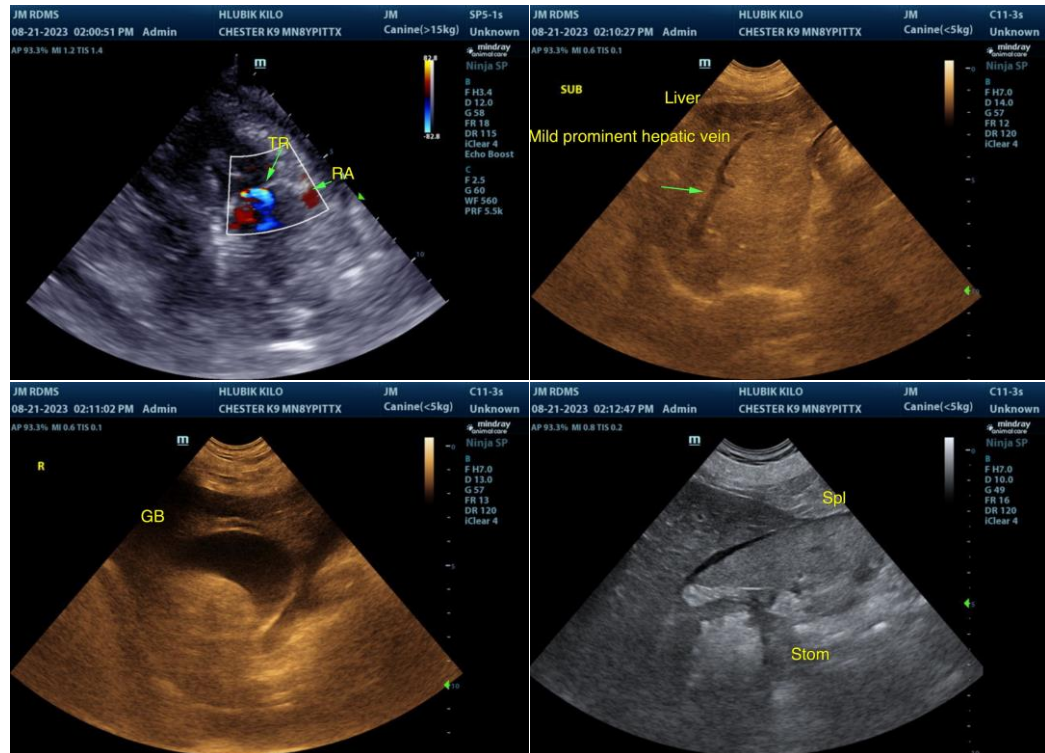
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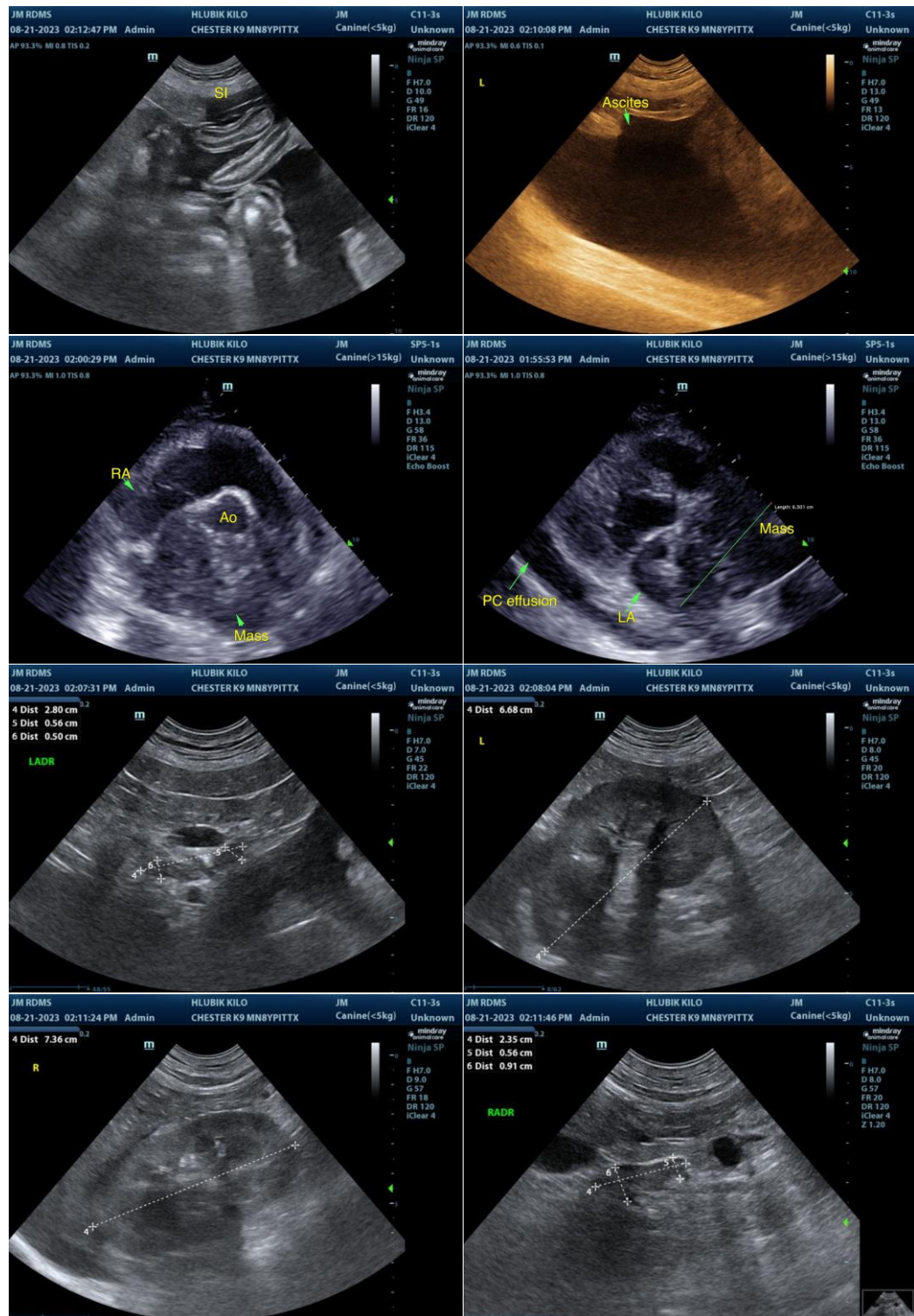
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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