


PATIENT PRESENTING CLINICAL SIGNS

Tessa Beedie
SPECIES Canine
BREED English Bulldog

Seen at emerg vet after falling down and seeming "potty" in appearance. Owner notes now that Tessa stopped liking being held about 2 weeks ago which is unusual for her, she seemed restless and uncomfortable and wanted down. On PE seems painful in abdominal area, Emerg only able to get one xray and noted fluid in abdomen. Now has pitting edema on her chest. Waxing and waning appetite. Increased respiratory rate. Seems bloated and tense. Has been on Cartrophen. Has been gaining some weight daily with each recheck. Unable to settle or lay down, has not really been sleeping. Only seems comfortable when standing. Started with liquid poops on the weekend. Drinking more water than before. Meds Gabapentin and Robaxin and CBD oil.

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and xray.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN AND HEART
SEX

FS

AGE

11yr

WEIGHT

48.7lb

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			1.3	1.1	46	74	0.20
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	204	1.4	0.7		3.5	3.3	

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Maples AH

REFERRING VET

Kazienko

INVOICE

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DATE

08/09/2023

Cardiac Presentation

Moderate volume pericardial effusion with diastolic collapse of the right atrial wall consistent with cardiac tamponade was present. The LA and RA overall normal in diameter. Subjective normal LV volume and adequate LV function. Normal right ventricle. Aortic, pulmonic, mitral valve and tricuspid valves are overtly normal in appearance. Normal measured LVOT/RVOT velocities. No obvious arrhythmia with tachycardia present.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.0 cm in length. The right kidney measured 5.3 cm in length.



PATIENT	The area of the aortic trifurcation was free of pathology.
Tessa Beedie	Adrenal Glands The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
SPECIES	
Canine	Spleen The spleen exhibited overall normal size with minor capsule asymmetry and non-homogenous parenchyma. Several to multiple well demarcated hyperechoic nodules were present, an example measured 0.63 cm in diameter. No overtly visualized definitive splenic mass.
BREED	
English Bulldog	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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder wall edema. The cystic and common bile ducts were normal.
SEX	
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11yr	Gastrointestinal The stomach presented intact mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic gastric fluid with no signs of ileus, obstruction or foreign material. Potential for mild gastritis or gastric wall edema. 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.
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48.7lb	
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IMAGING PERFORMED BY	
Crystal Hill	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.
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The Maples AH	Free Abdomen No omental masses or overt lymphadenopathy was present. Moderate volume anechoic ascites with generalized uniform hyperechoic omentum was present.
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Kazienko	ULTRASONOGRAPHIC FINDINGS
INVOICE	<ul style="list-style-type: none"> • Moderate volume pericardial effusion with secondary cardiac tamponade. • Congestive hepatomegaly. • Heterogenous spleen with multiple non-disruptive hyperechoic nodules- nodules sonographically suggestive of myelolipomas.
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DATE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
08/09/2023	



PATIENT

Tessa Beedie

The cause of the clinical signs is cardiac tamponade due to pericardial effusion with concurrent secondary hepatic congestion and abdominal ascites. Lack of overall left/right chamber enlargement indicates CHF is ruled out. Without a definitively visualized cardiac tumor, an obvious cause of the pericardial effusion was not definitive. Considerations include hematologic, infectious or inflammatory causes while a smaller non-visualized cardiac tumor cannot be ruled out.

SPECIES

Canine

Advanced cardiac imaging could be considered i.e., referral for advanced echo or CT with diagnostic and prophylactic pericardiocentesis. Although the splenic nodules were suggestive of benign criteria, the possibility of infiltrative splenic neoplasia cannot be excluded. Prognosis is considered extremely guarded with referral considered the gold standard option in this case.

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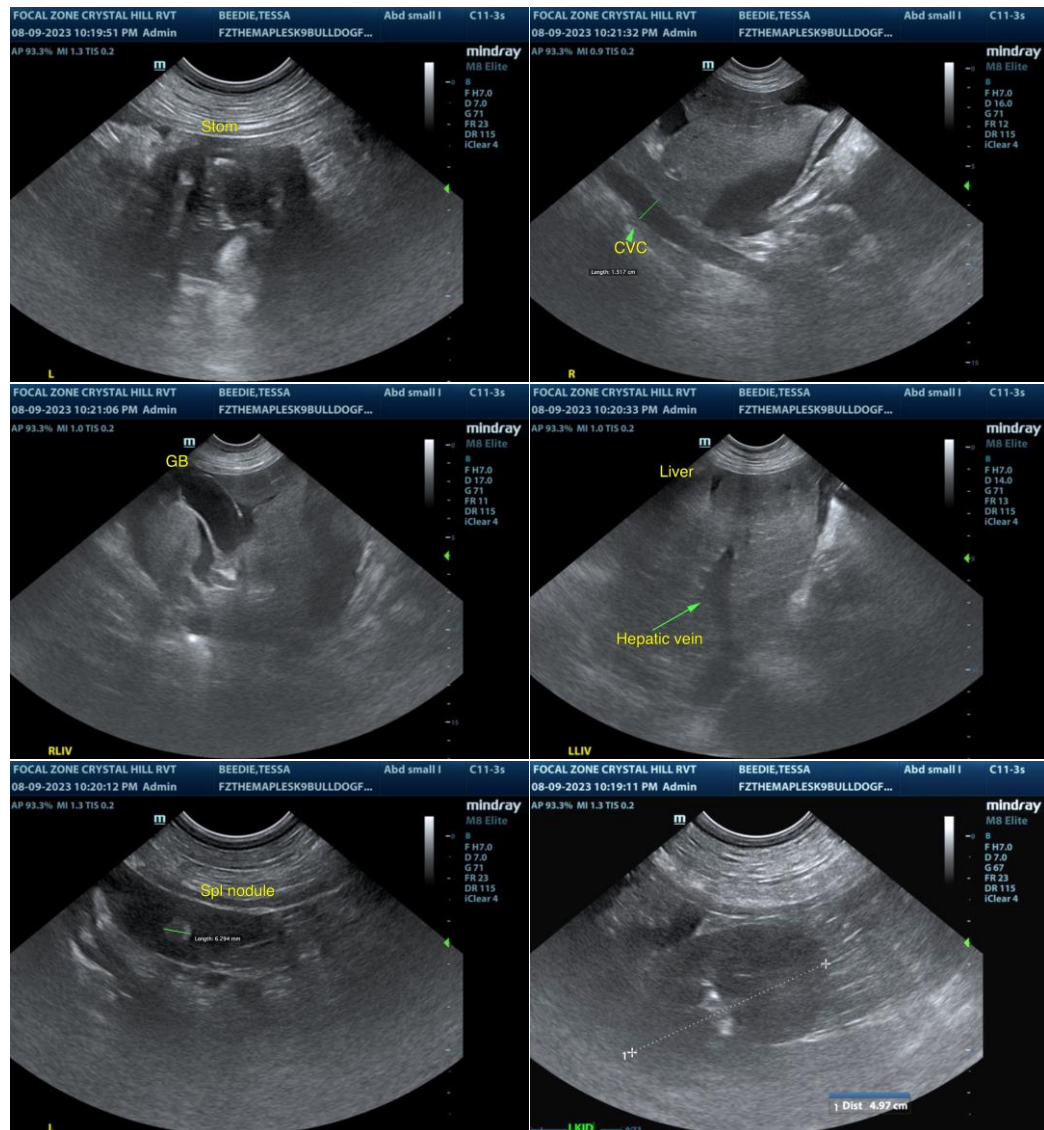
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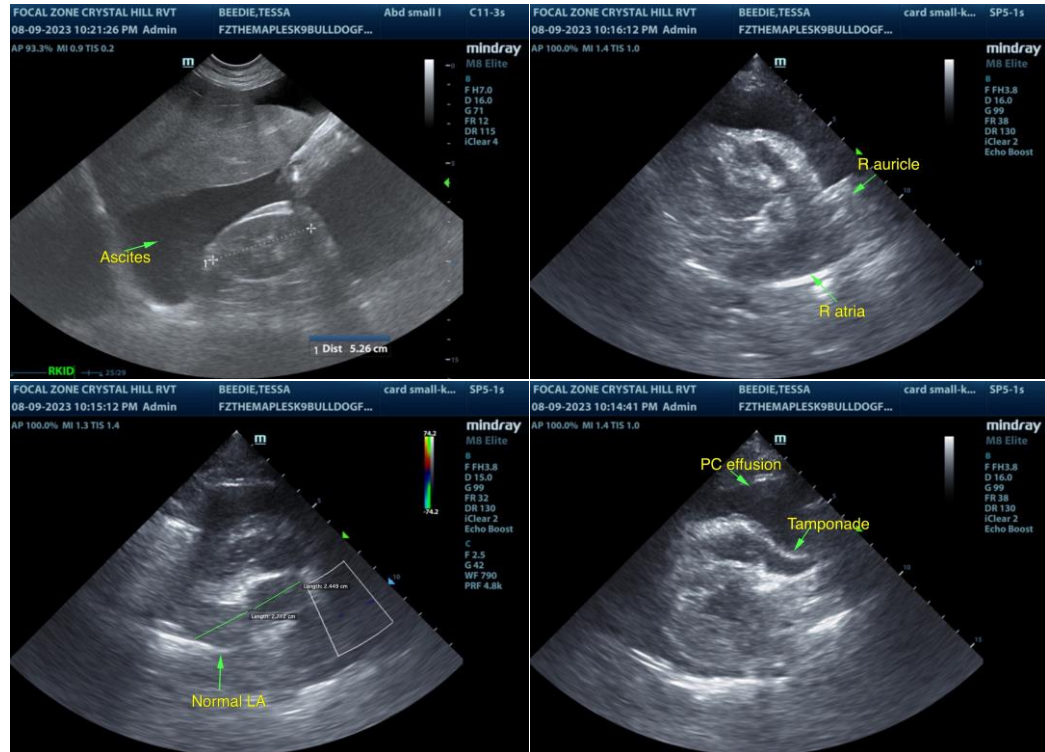
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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