



PATIENT

Oscar Dutchover

SPECIES

Canine

BREED

Boxer Mix

SEX

Neutered Male

AGE

10 years

WEIGHT

88 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark VC

REFERRING VET

Dr. Sangl

INVOICE

12348

DATE

9/29/21

PRESENTING CLINICAL SIGNS

Pt presents for further diagnostics after going to the ER vet the night before where they found fluid in the abdomen. EENT: MM pink, moist. CRT <2 seconds. Clear OU, Clean AU. Nares free of any discharge. ORAL: Moderate tartar and gingivitis present. INTEGUMENT: No external parasites observed. No evidence of skin disease at this time. LYMPH NODES: Lymph nodes are small and of normal texture CIRCULATORY: No murmur or arrhythmia ausculted. Femoral pulses are strong and synchronous. RESPIRATORY: Eupneic. Lungs clear bilaterally. No cough on tracheal palpation. DIGESTIVE: Abdomen soft/benign. No masses palpated. GENITOURINARY: No significant findings. MUSCULOSKELETAL: Ambulatory x all 4. NEURO: No neurologic deficits noted at this time. OTHER: Abnormal PE/Chem/CBC/UA Results: Fluid found in abdomen at EVH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 was noted.

The residual prostate and area of the aortic trifurcation were free of pathology.

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 6.2 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.8 cm length x 0.69 cm width at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size and the presence of peritoneal fluid.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No splenic masses or nodules were noted.



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Liver/ Gallbladder

The liver presented enlarged in size with symmetrical yet swollen contour. The parenchyma exhibited generalized mild parenchymal remodeling with a nonspecific isoechoic nodule in the subjective deep mid liver. The nodule measured 0.36 cm in diameter. 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. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained echogenic fluid and chyme was present. The gastric body wall width measured 0.56 cm.

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. The jejunum wall width measured 0.40 cm.

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

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 were evident.

Free Abdomen

Mild peritoneal free fluid was present.

Subtle generalized increased omental echogenicity was present.

Brief sonographic assessment of the heart revealed subjective moderate pericardial effusion. Potential for a small mass lesion adjacent to the right atrium and auricle is possible yet not definitive. Concurrent mild pleural effusion was present. The potential small mass lesion adjacent to the right atrium measured approximately 2.8 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Congestive hepatomegaly with focal nonspecific isoechoic parenchymal nodule
- Pericardial effusion with suspect mass adjacent to the right atrium
- Concurrent pleural and mild peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pleural and peritoneal effusion is suspected to be owing to cardiac tamponade secondary to pericardial effusion. Primary concern for right atrium or auricular mass, although not definitive.



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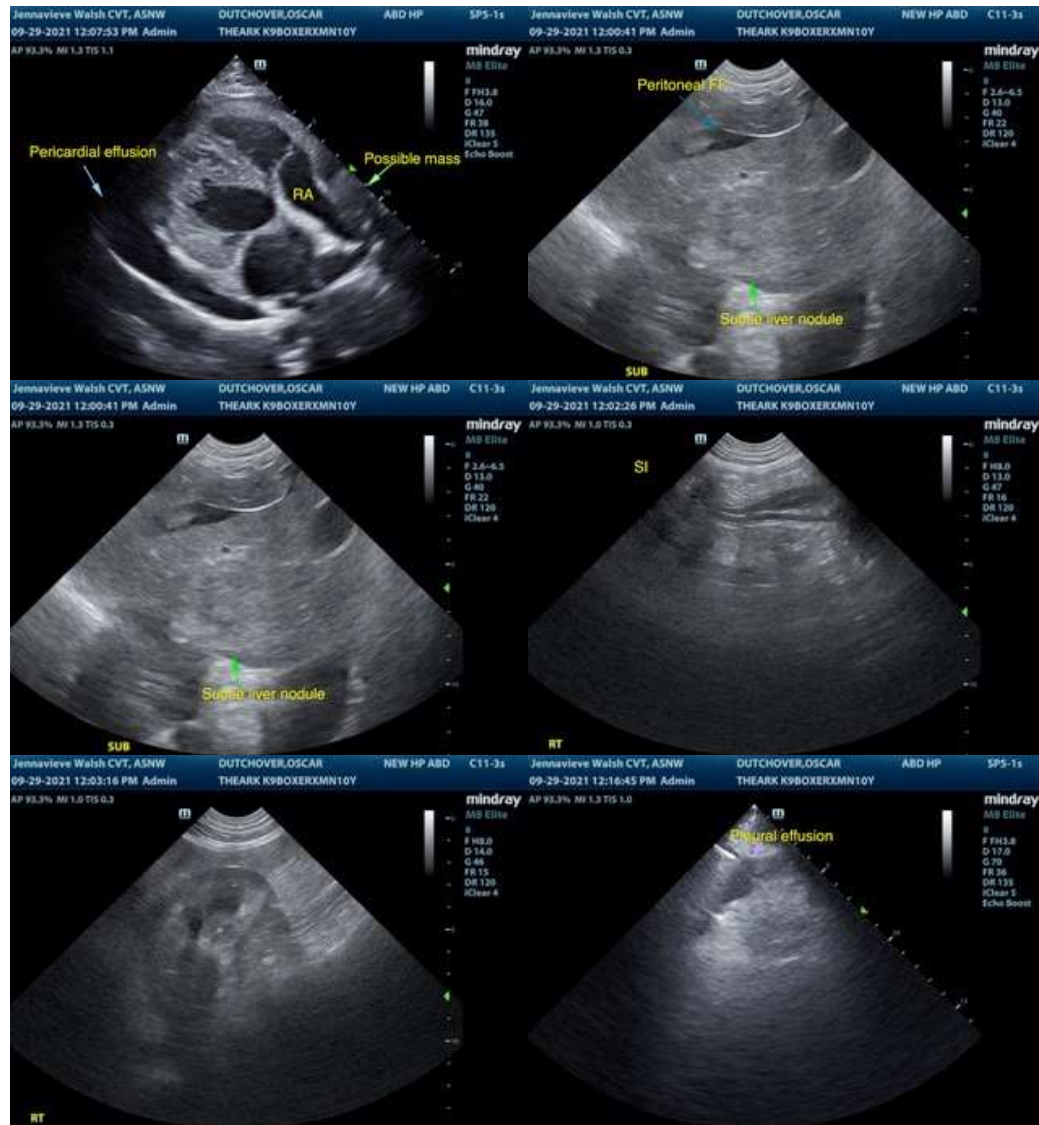
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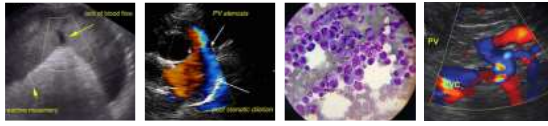
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Referral for further clarification with potential for pericardiocentesis is suggested. A very guarded prognosis is warranted.





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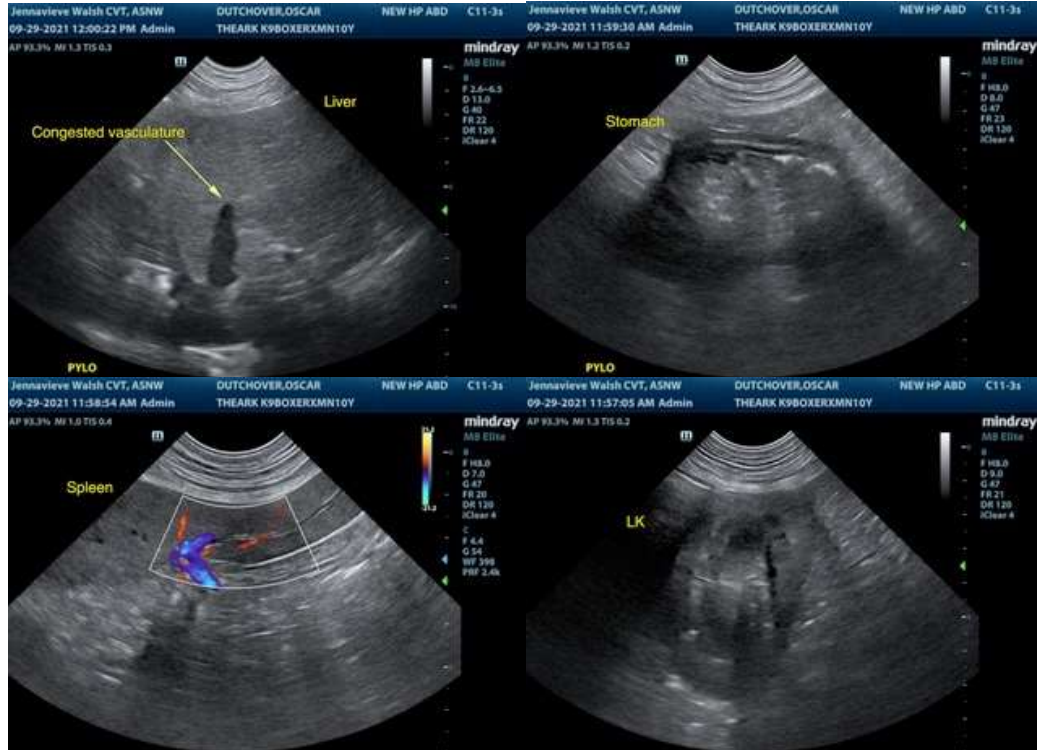
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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