

PATIENT

Sweet Pea Dawson

SPECIES

Canine

BREED

Pekenigese Cross

SEX

Spayed female

AGE

11 years

WEIGHT

12 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Smithville AH

REFERRING VET

Dr. Hulzebosch

INVOICE

42709

DATE

2/10/23

PRESENTING CLINICAL SIGNS

History: Had abdominal scan on 2/3/23 for ascites post foreign body surgery. At the time of the surgery liver biopsies were sent out as well. Foreign body was sharp/needle like in appearance. Report suggested Echo and owner wanting further work up at her own DVM. Continued Ascites and peritoneal effusion. Started Prednisone 0.5mg/kg per histo recommendations. Seems to be eating better since that time.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

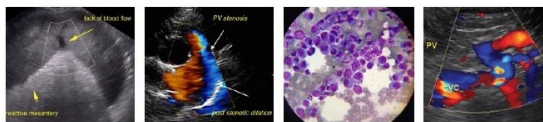
The **left atrium** is of normal size with no evidence of thrombus or smoke formation. The **left ventricle** is normal in diameter with normal wall thickness and demonstrates good systolic function. The **right atrium** is subjectively of normal size and **right ventricle** dimensions and systolic function are subjectively normal. There is a 1.5 x 0.8cm cavitated **mass** associated with the **right auricle**, and associated thickening of the right atrial wall. There is a moderate amount of anechoic **pericardial effusion**. There is trivial **mitral valve** regurgitation and trivial **tricuspid valve** regurgitation noted. There was no evidence of chordae tendineae rupture or valvular prolapse in either valve and no vegetative lesions were seen. The **aortic** and **pulmonary valves** both exhibit normal appearance and function. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension.

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	2.8	2.1	0.9	1.0	50	84	2.4mm
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	BELOW	BELOW	BELOW	BELOW
PATIENT	141	0.5	0.9	5.4	2.0 cm	2.25	1.12

ULTRASONOGRAPHIC FINDINGS

Cavitated right auricular mass, most consistent with hemangiosarcoma, other differentials include alternate neoplasms, thrombus, granuloma

Pericardial effusion



PATIENT

Sweet Pea Dawson

SPECIES

Canine

BREED

Pekenigese Cross

SEX

Spayed female

AGE

11 years

WEIGHT

12 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Smithville AH

REFERRING VET

Dr. Hulzebosch

INVOICE

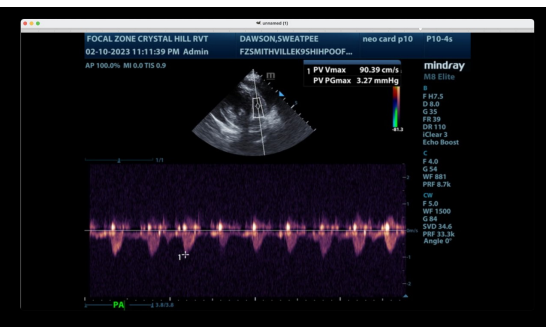
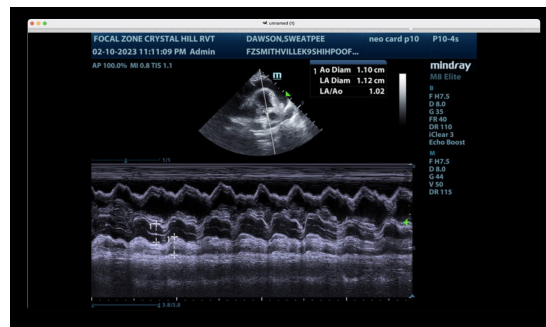
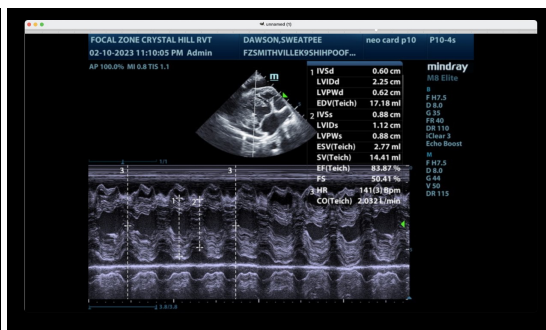
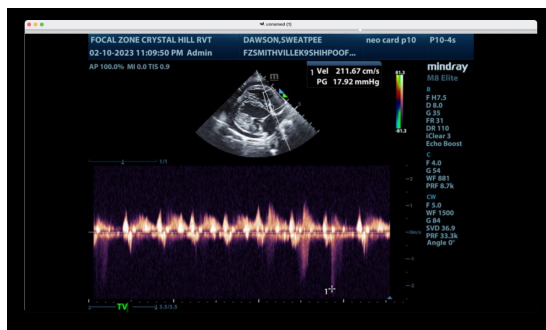
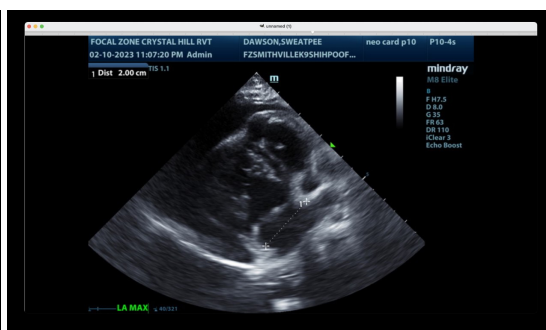
42709

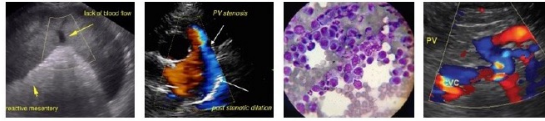
DATE

2/10/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Right heart failure, secondary to the pericardial effusion, is the most likely cause for the ascites. In the short term, pericardiocentesis is recommended to relieve symptoms of right heart failure – however it is likely that this effusion will recur in days to weeks.
- Anesthesia is not recommended for this patient. If sedation is needed for pericardiocentesis, then 0.2 mg/kg of butorphanol IV is recommended. A 20-30 ml/kg IV crystalloid fluid bolus would be recommended concurrently, to improve pre-load.
- Furosemide is contraindicated for this patient.





PATIENT

Sweet Pea Dawson

SPECIES

Canine

BREED

Pekenigese Cross

SEX

Spayed female

AGE

11 years

WEIGHT

12 lbs

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

**IMAGING
PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Smithville AH

REFERRING VET

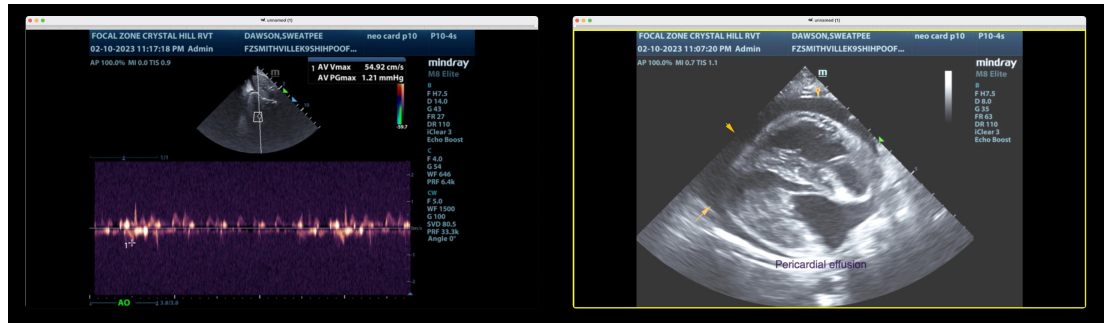
Dr. Hulzebosch

INVOICE

42709

DATE

2/10/23



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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com