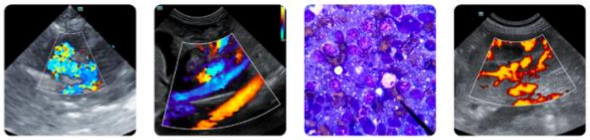

PATIENT

Tarzan Gabaldon

SPECIES

Ferret

BREED

Ferret

SEX

Neutered Male

AGE

5.5 Years

WEIGHT

2.39 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Heidi Putnam LVT

HOSPITAL NAME

Northwest Exotic Pet Vet

REFERRING VET

Dr. Ramsell

INVOICE

15917

DATE

PRESENTING CLINICAL SIGNS

Lethargic, Significant increased respiratory effort

Abnormal PE/Chem/CBC/UA Results: BW - mild hypoglycemia Rads - Increased radiopacity in R thorax. Suspect mass in R thorax as trachea and heart appear to be significantly pushed to the left side of the thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

A large elongated cavitary structure occupies much of the right caudal hemithorax and extends from the region of the cardiac base caudally toward the diaphragm/esophageal hiatus region, where its margins become difficult to confidently follow.

The structure measures at least approximately 5.56 cm in visible length and up to approximately 1.83 cm in maximal height within the accessible imaging field.

It contains predominantly anechoic fluid with suspended echogenic debris and is surrounded by a markedly thickened wall. No normal aerated pulmonary parenchyma is confidently identified adjacent to the lesion. No pleural effusion is identified.

Findings are highly atypical and do not have a characteristic appearance for a simple thoracic mass, pleural effusion, or pulmonary consolidation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tubular morphology, apparent extension along the caudal thoracic esophageal region, marked mural thickening, and fluid-filled appearance raise concern for severe esophageal-associated pathology, such as marked segmental esophageal dilation/diverticular change or severe inflammatory/infiltrative esophageal disease.

Reportedly, thoracic radiographs demonstrated marked leftward displacement of the cardiac silhouette and trachea secondary to a large right-sided thoracic opacity. Although the radiographs were not available for direct review at the time of this ultrasound interpretation, these reported findings may be highly relevant and increase suspicion for an esophageal origin given the unusual cavitary tubular structure identified ultrasonographically within the right hemithorax.

A complex cavitary mediastinal lesion, cavitary neoplasia, or abnormal abscessation cannot be completely excluded.

Recommendations

- Thoracic contrast radiography and/or fluoroscopic esophagram is strongly recommended to evaluate possible communication with the esophagus and further characterize the lesion.
- Use of nonionic iodinated contrast media may be preferable initially given the patient's respiratory compromise and potential aspiration risk.
- Thoracic CT could also be considered if clinically feasible and the patient is stable enough for advanced imaging/anesthesia.

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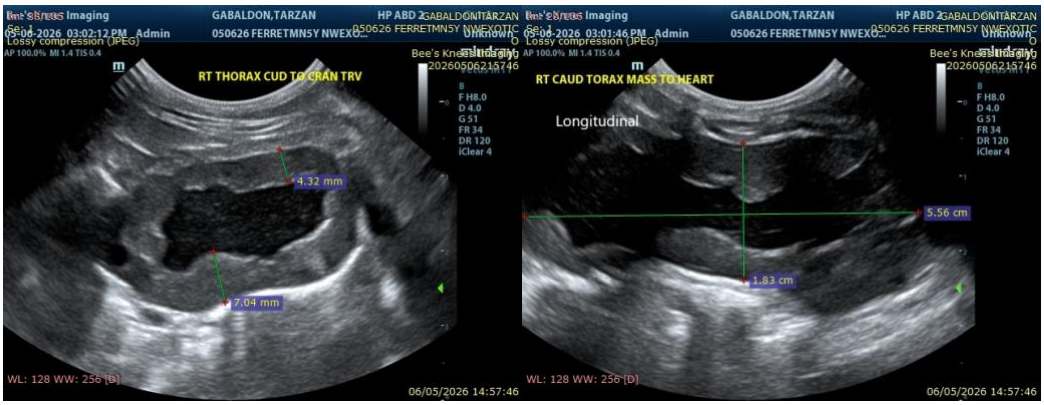
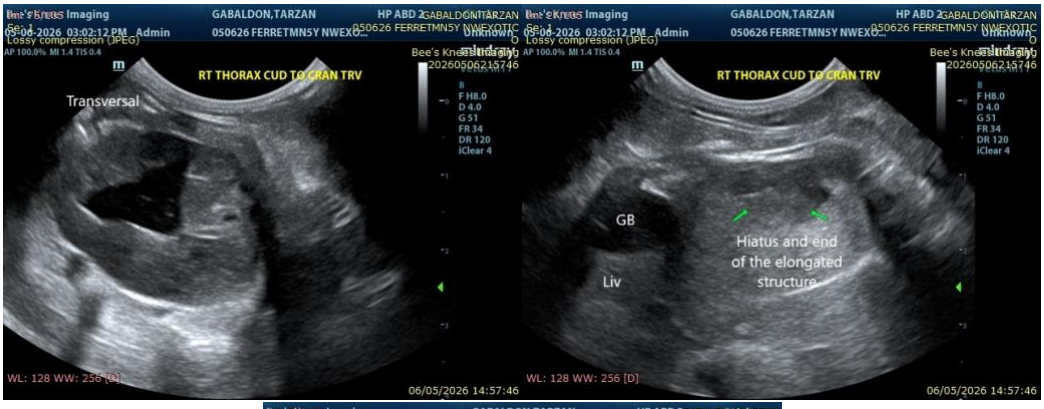
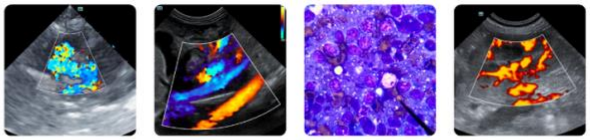
- Ultrasound-guided sampling could potentially be considered depending on additional imaging findings and lesion accessibility, although risk of respiratory compromise and uncertain lesion origin should be carefully considered beforehand.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com