



**PATIENT**

Moni Nihar

**SPECIES**

Feline

**BREED**

Mix

**SEX**

Male

**AGE**

1 ½ years

**WEIGHT**

3.28 kg

**PRESENTING CLINICAL SIGNS**

History: Presented with the complain of chronic vomiting. The RDVM did the abdominal X-Rays and they were normal. Chest X-Rays showed mediastinal mass. Cardiac US was done to rule out the cardiac origin of mass. Negative for FIV/FelV SNAP tests

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. The **myocardium** presented normal echogenicity without subjective evidence of significant fibrotic or ischemic disease. **Contractility** of the ventricular walls was adequate and in normal range for this patient evidenced by the fractional shortening measurement and subjective evaluation of the different regions and angles of the myocardium. The **left ventricular outflow** tract demonstrated normal laminar flow and subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinetics. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). A complex, mixed echogenic tissue mass was noted in the cranial mediastinum measuring approximately 8.0+ cm. The mass meets neoplastic criteria and may be of thymic origin. The mass impinges upon the right ventricle, yet appears to be separate from the heart as the heart itself is moving separately from the heart, which is fixed. Trace pericardial effusion is noted in this patient. This is likely secondary to a probable neoplastic process and not cardiogenic.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Inam ul haq

**HOSPITAL NAME**

City VC Abu Dhabi

**REFERRING VET**

Dr. Inam ul haq

**INVOICE**

42117

**DATE**

1/14/23

\*The patient was sedated for the exam.

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm)	LVIDd (cm)	LVWd (cm)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	3.28 kg	NM	0.31	1.66	0.41	29	59
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Sisson)	LA 2D 4-chamber long axis AS to FW (Sisson) (cm)	LVOT VEL. (m/s)	RVOT VEL. (m/s)	IVRT (m/)	
NORMAL PARAMETER	<1.5	0.88-1.79	0.7-1.7	<1.6	<1.3	40-60	
PATIENT	1.0	0.9	1.2	0.98	1.05	NM	

Adapted from June Boon, Veterinary Echocardiography, 1998  
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705



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**ULTRASONOGRAPHIC FINDINGS**

Mixed echogenic tissue mass. Thymoma, round cell neoplasia and other neoplasia is all possible. Granulomatous is also possible, yet less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

CT evaluation is recommended to assess if potential resection is an option via thoracotomy. FNA is warranted for further definition. An abdominal sonogram is recommended to assess for related disease such as lymphadenopathy or infiltrative patterns.

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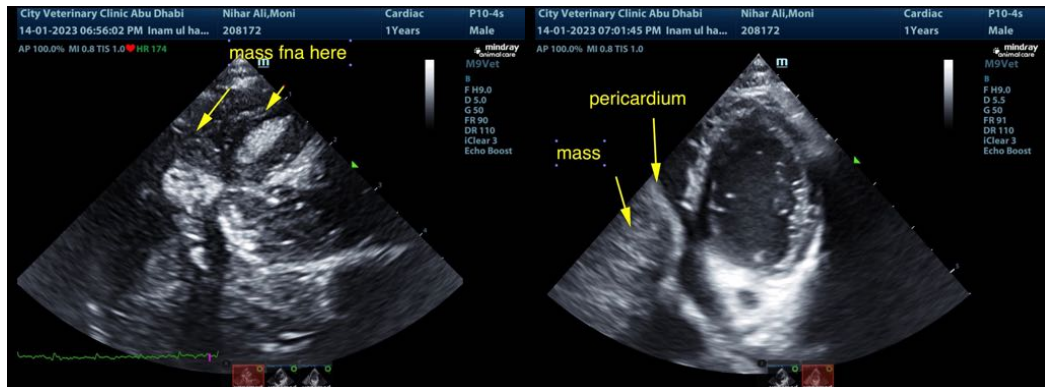
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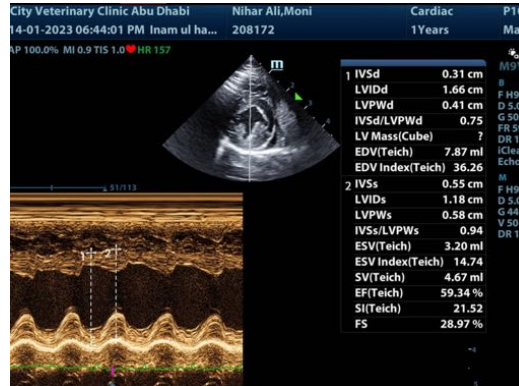
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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