



PATIENT

Zack Finnie

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

4 years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. McKelvey

HOSPITAL NAME

Aberdeen VH

REFERRING VET

Dr. McKelvey

INVOICE

95436

DATE

1/20/22

PRESENTING CLINICAL SIGNS

Sudden onset dyspnea a week ago, which seems to have resolved. Xrays show an enormous cardiac silhouette. Cardiac sounds are normal on auscultation. Radiologist (Laura Crews) noted markedly large cardiac silhouette, large and toruous caudal lobar vessles, lung parenchyma with bronchial and intersitial lung pattern in hilar and caudal dorsal lung fields. Mediastinum appears normal. On the echo of the chest I think I see a mass in the PC sac and the heart looks reasonably okay.
Abnormal PE/Chem/CBC/UA Results: blood work is normal

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The cardiac presentation subjectively revealed relatively normal internal volumes and contractility with slightly prominent right ventricle. Slight, non-cardiogenic pericardial and pleural effusion was noted. The liver and visible diaphragm appeared unremarkable. Minor areas of lung atelectasis was noted along with irregular pleural changes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A trace amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** were not visualized.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was not visualized.

Liver

The visible **liver** was uniform with no evidence of pathology.

Gastrointestinal

The visible **gastrointestinal** tract was unremarkable with normal transit of chyme.



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Pancreas

Zack Finnie

The visible **pancreas** was unremarkable.

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ULTRASONOGRAPHIC FINDINGS

Non-cardiogenic pleural and slight pericardial effusion, no evidence of heart failure or primary cardiac disease.

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Visible diaphragm appeared to be intact, but I cannot completely ruled out a diaphragmatic hernia or sliding hernia.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided pleurocentesis with cytopsin, cytology +/- culture is recommended. Ideally CT evaluation is warranted. No abdominal organs appeared to be present in the acoustic windows provided of the chest. Thoracic rule outs include sliding hernia, primary lung pathology such as pneumonitis, lung lobe torsion, necrosis or other causes of non-cardiogenic pleural effusion such as underlying neoplasia or FIP.

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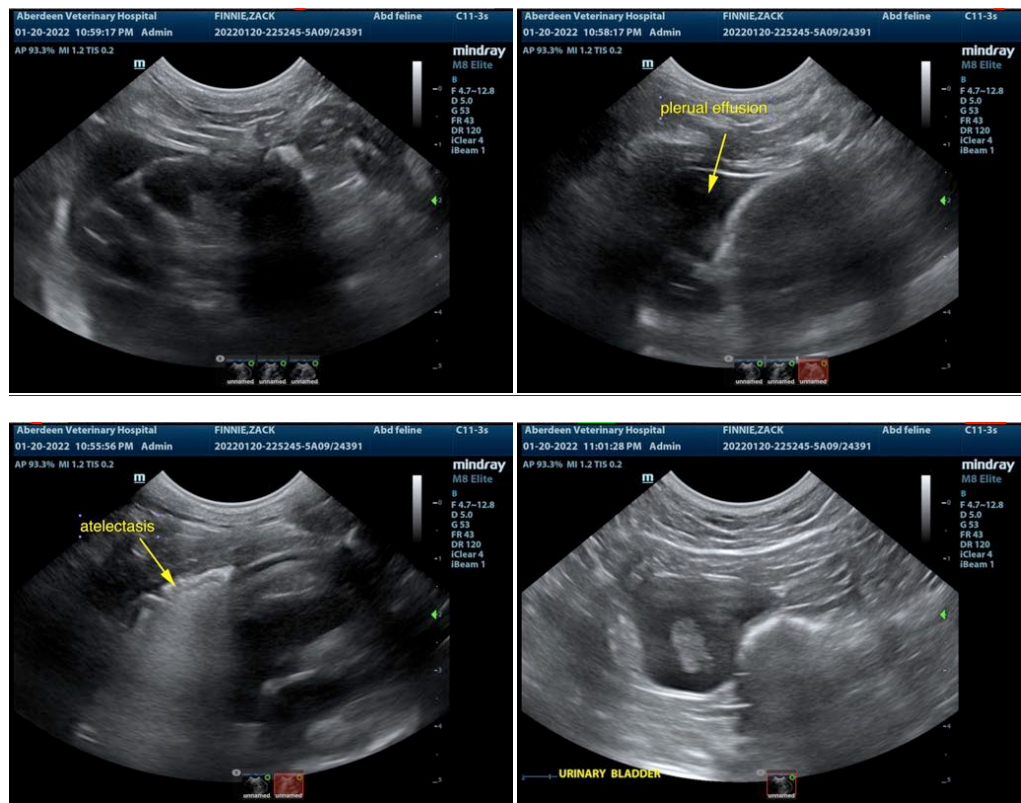
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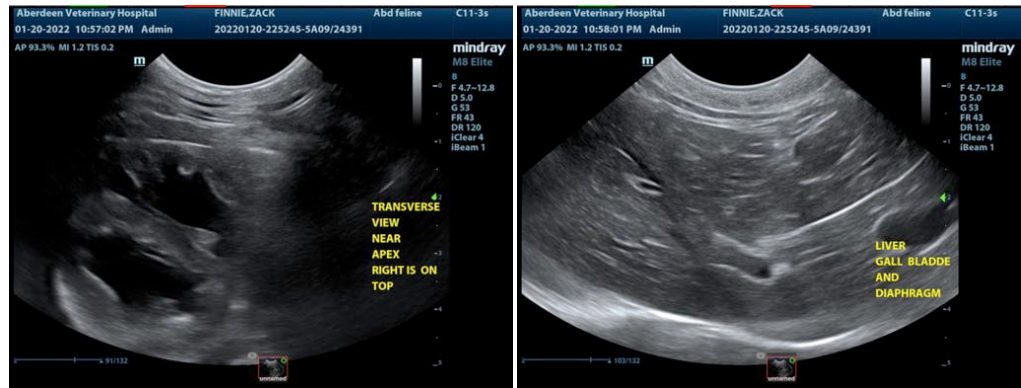
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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