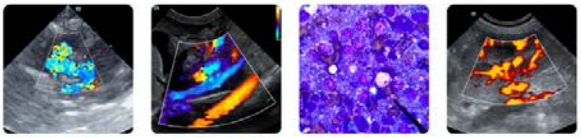

PATIENT

Bean Garrison

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

10 Years

WEIGHT

9 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Black River Veterinary Hospital

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INVOICE

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PRESENTING CLINICAL SIGNS

Pre-sx Echo + imaging of neck to eval mass, irregular rounded mass in right jugular groove. Grade 2 systolic murmur, PMI sternal slightly caudal

Abnormal PE/Chem/CBC/UA Results: BW WNL, Cytology: poor intact cellularity, precluding definitive diagnosis- concerning expansion of intermediate to large lymphoid cells. suspicious for underlying lymphoid neoplasia.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (lbs)	**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	9	140	0.44	1.6	0.4	43	77
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.4	--	1.2		1.4	0.75	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							

EPSS = 0.1, E-wave velocity = 0.6

Cardiac Presentation

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** insufficiency noted at 2.5 m/sec. 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). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window.

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Cervical Region

The left thyroid lobe measured 0.40 cm x 0.60 cm. It appears to be uniform with minor heterogeneous parenchymal changes.

The right thyroid lobe appeared similar with minor hypoechoic nodular changes.

The esophagus and trachea were unremarkable.

The left cervical region did not appear to have any pathology. The right cervical region revealed an undifferentiated hypoechoic, encapsulated mass measuring 2.2 cm x 1.5 cm. The architecture would suggest salivary gland origin. The mass is moderately vascular and impinges upon the jugular vein. This does not appear to be directly connected to the thyroid lobe, as it the thyroid lobe appears fairly normal with minor hypoechoic nodular changes.

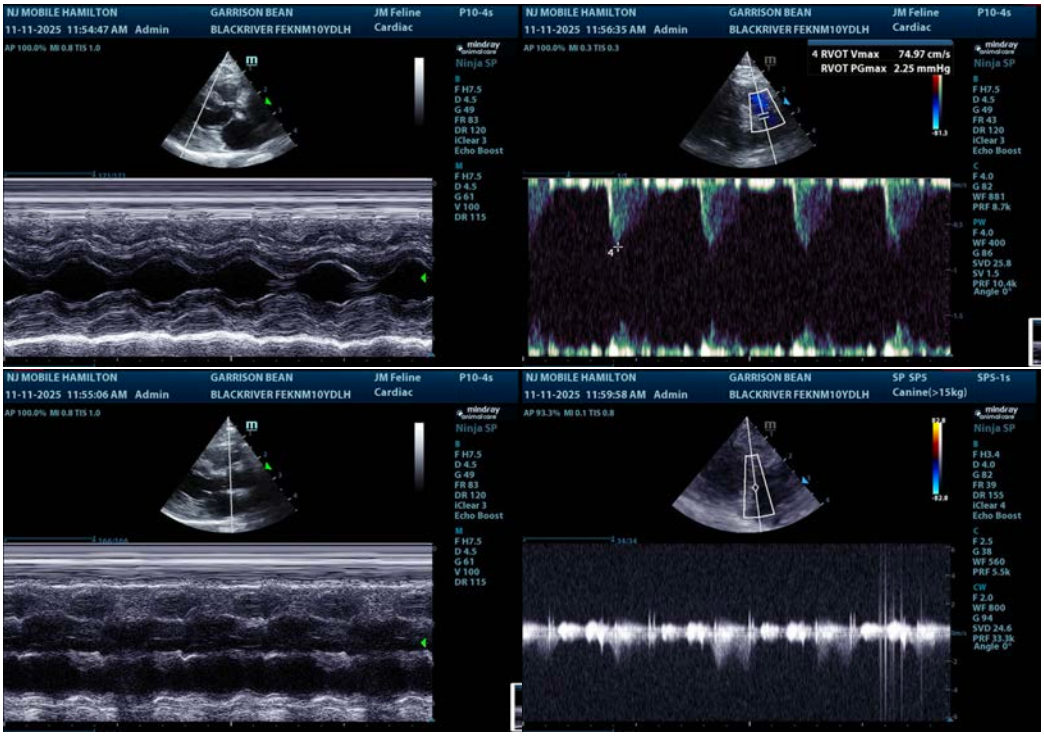
ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram with minor tricuspid insufficiency, not clinically significant.
- Undifferentiated mass in the right cervical region – suspect salivary gland origin.

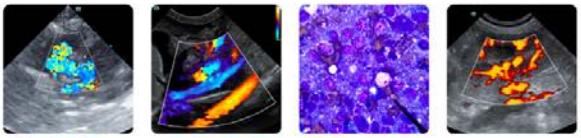
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No contraindication to anesthetic procedure.

The mass in the right cervical region appears to be resectable. Palpation and FNA or ultrasound guided FNA indicated. CT evaluation with FNA under sedation would be an option.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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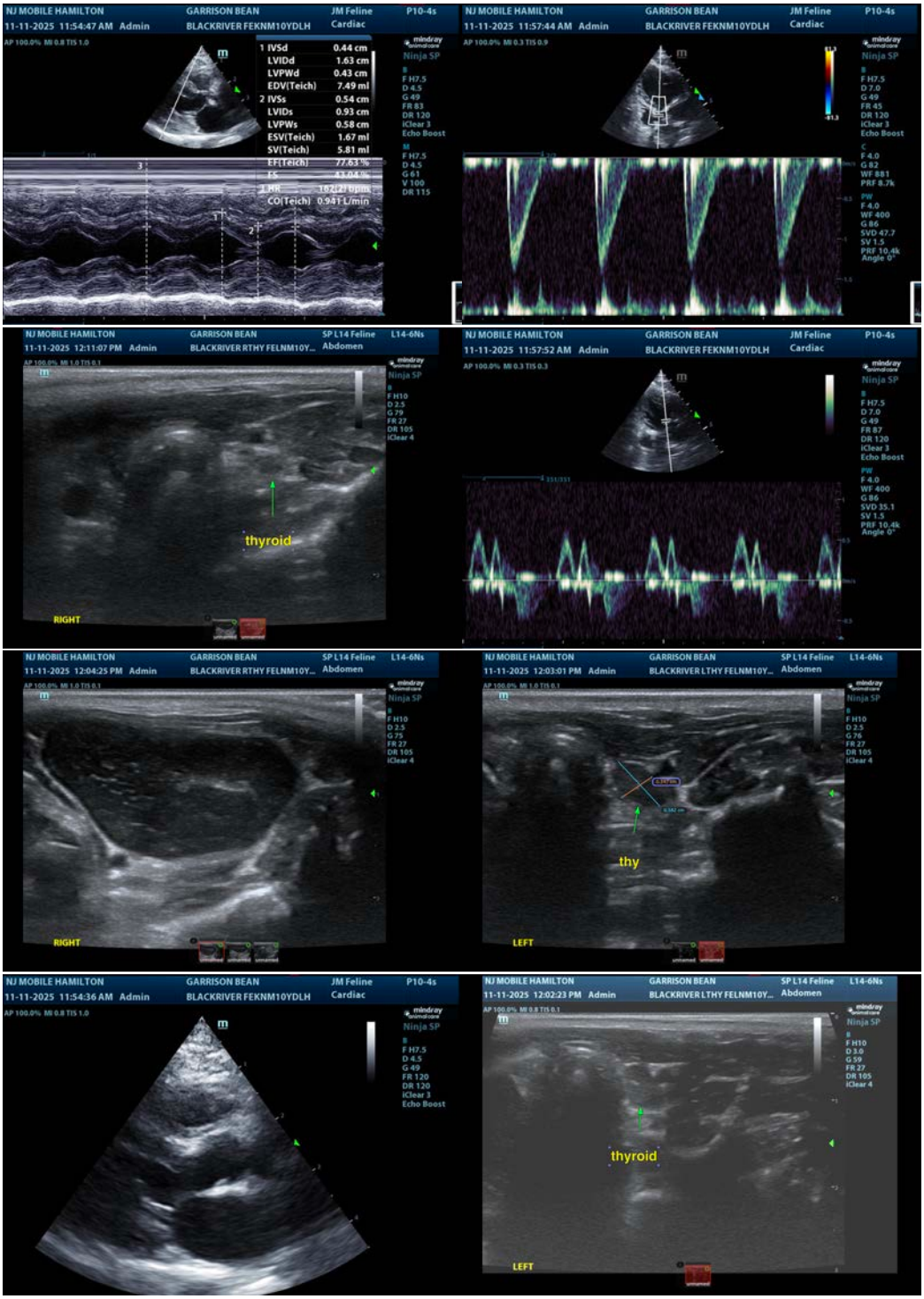

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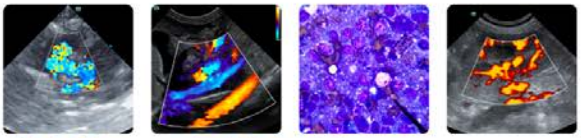

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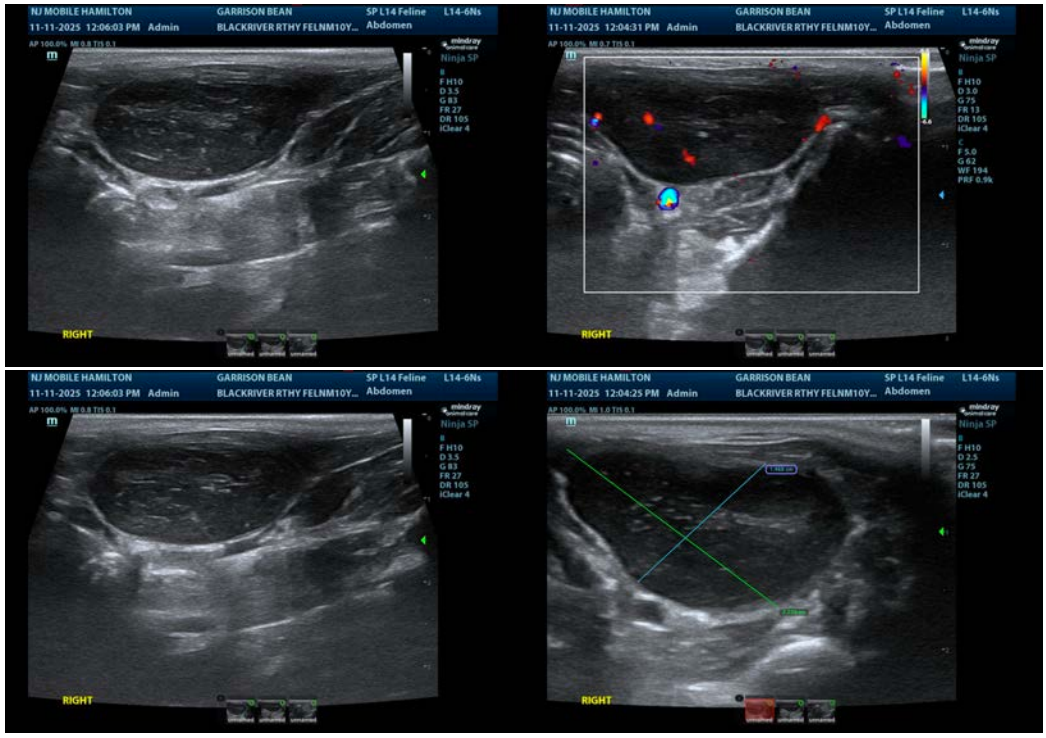

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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