



PATIENT

Pumpkin Tilton

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

7.2 lbs

PRESENTING CLINICAL SIGNS

History: Inappetent, vomiting food and cough for 2 weeks. No improvement on Prednisolone.
 Abnormal PE/Chem/CBC/UA Results: PE: BCS 2-3/9, abdominal component to breathing, increased BV sounds on auscultation. BW: WNL RADS (attached): indistinct solid lesion in dorsal, caudal lung lobe. Multiple scattered other soft tissue densities.

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

The **left atrium** revealed a 0.7 cm x 0.3 cm luminal structure. This is consistent with clot or possible extension of a neoplastic process. 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). No pleural effusion was noted. . A **caudal thoracic lung** mass was noted on radiographs with chronic bronchial changes. The left thorax revealed a mineralizing 2.36 x 2.0 cm lung mass. Other separate lung nodule was noted in the left cranial lung field measuring 0.68 cm. The patient was tachycardic.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Berberich

INVOICE

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DATE

2/27/23

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		2.87	0.42	1.16	0.44	45	
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						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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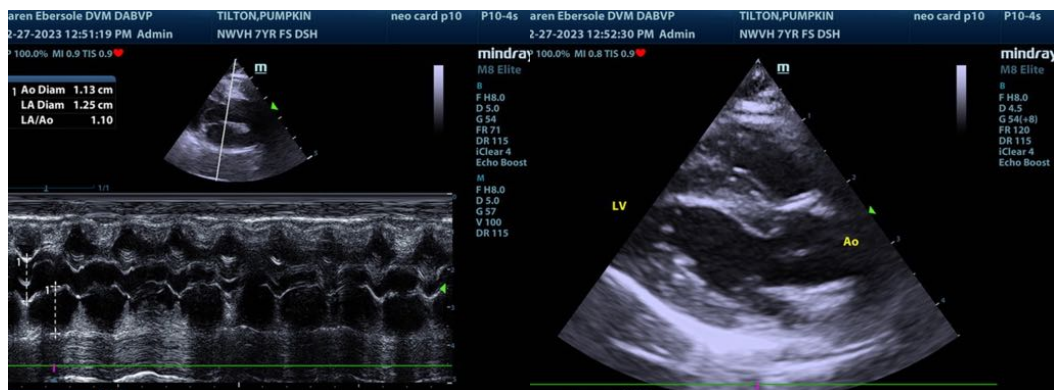
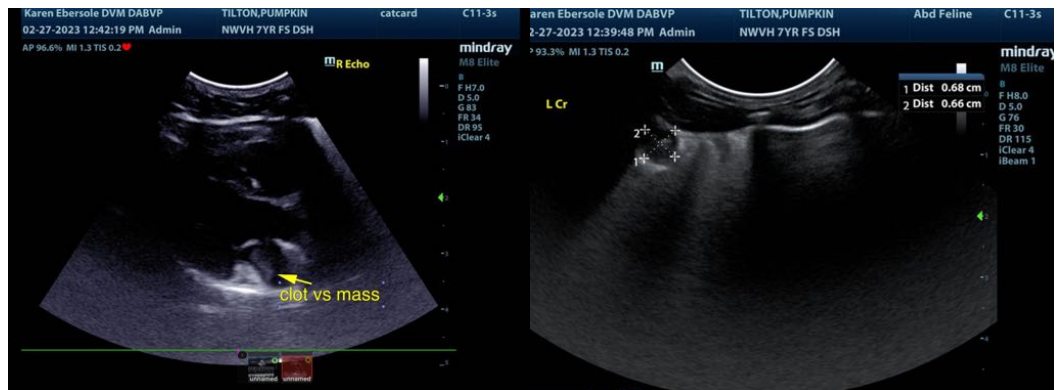
ULTRASONOGRAPHIC FINDINGS

Mineralizing lung mass with separate nodule.

Other ring down artifact was noted throughout variable areas of lung fields.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation would be ideal of the chest for further definition. An abdominal sonogram is warranted to assess for primary disease that may be linked to the thoracic presentation. 25-gauge FNA of the lung lesion is recommended for further definition. This is strongly suggestive for lung carcinoma; however, granulomatous disease is possible. There is a minor potential for round cell neoplasia. Pneumonitis and necrosis is also possible. Cytology and culture from ultrasound-guided FNA is indicated.





PATIENT

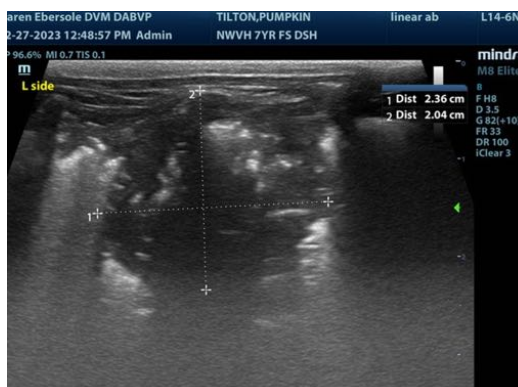
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com