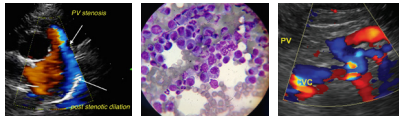


IMAGING PERFORMED BY

IntraPet.com



Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**DATE PRESENTING CLINICAL SIGNS**

2/4/22

History: History of thymoma surgery in June 2018. Been managed well since then on meds. Mild increase in respiration recently. Intermittently recurring lower back pain.

**PATIENT**

Jennie Wade Woolford

Current Medications: Prednisolone 5 mg every other day. Gabapentin 50 mg BID for back pain, Methocarbamol 500 mg 1/6 tab BID for back pain.

**SPECIES**

Feline

Lab Results: Bloodwork to be obtained on day of ultrasound as patient becoming difficult.

Radiographs: increased density on left side of chest on VD pulmonary fields, also small amount of pleural effusion noted (scalloping of lung margins on VD left and right side. Spondylosis of spine at lower lumbar area. Attached separately.

**BREED**

DSH

Date of Previous IntraPet Ultrasound: 6-26-20, 10-12-18, 6-19-18.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Spayed Female

**LIMITED ULTRASONOGRAPHIC EXAMINATION**

The left cranial chest revealed an undifferentiated, hypoechoic 3.35 cm, irregular tissue thickening with concurrent pleural effusion extending into the right thorax. The heart was unremarkable. Contour was irregular with hypoechoic nodular changes. The entire hypoechoic area in the cranial mediastinum measured 6.4 cm x 3.3 cm with enhanced surrounding fat noted, suggestive for an expansive process.

**AGE**

2/3/10

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

16 Pounds

- Cranial mediastinal mass – Possible conversion to round cell neoplasia/lymphoma. However, significant cyst was noted associated with the mass measuring 3.0 cm.
- Concurrent pleural effusion.

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Suspect return of thymoma or potential conversion to lymphoma. Pleurocentesis and ultrasound guided FNA of the mass recommended with cytospin. PCR for lymphoma may be appropriate. Abdominal sonogram recommended to assess for related disease. Return of thymoma is entirely possible. However, given the irregular contour and loss of structural detail as well as concurrent pleural effusion, I'm concerned for conversion to a more aggressive process.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

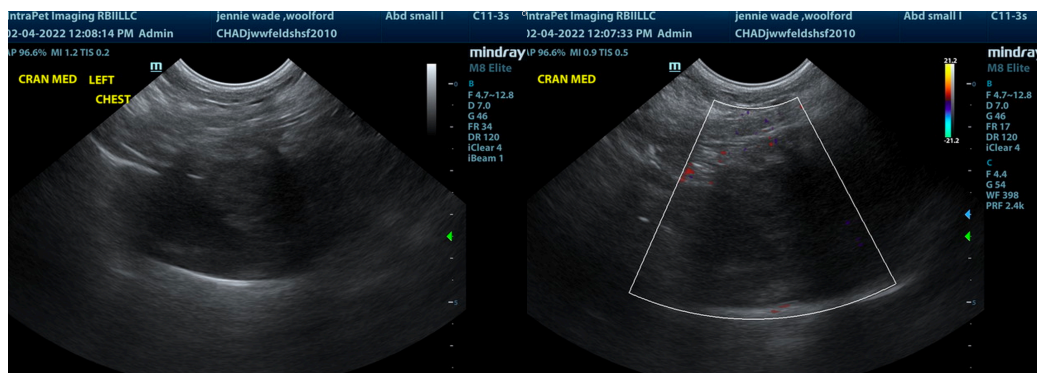
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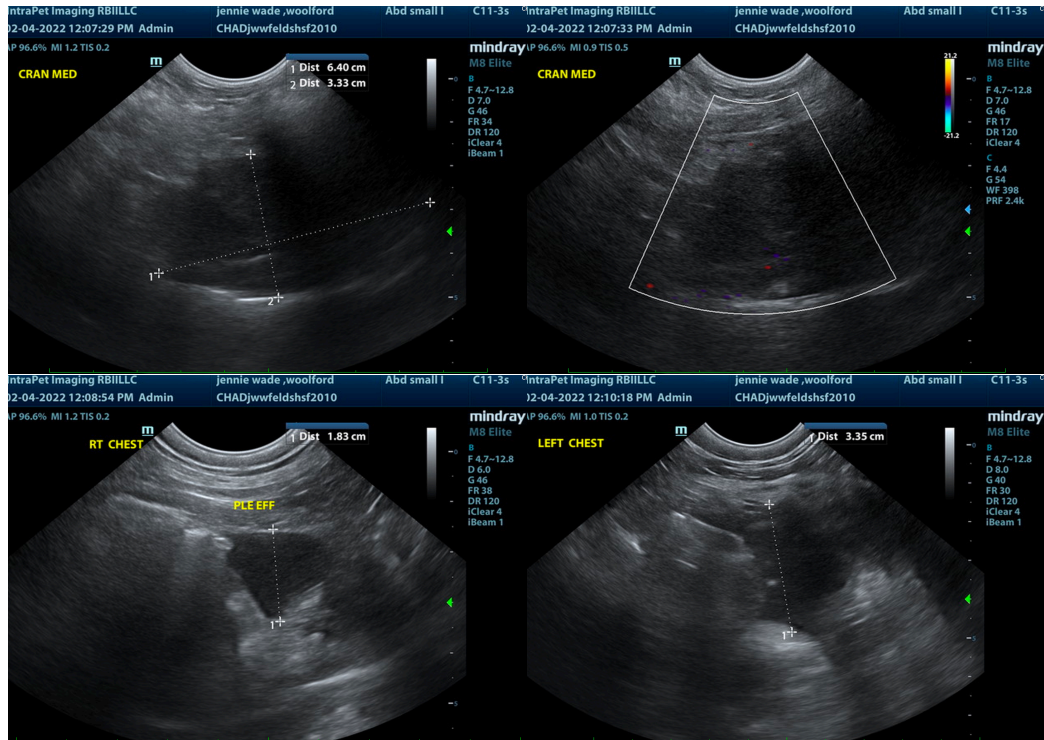
**REFERRING VET**

Dr. Schaupp

**INVOICE**

35491





The information and recommendations provided are based on the images presented by the referring veterinarian. 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](mailto:info@SonoPath.com)