

PATIENT

Gizmo Tuminello

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

16.28 Pounds

PRESENTING CLINICAL SIGNS

Pleural effusion barely resolved with Lasix and antibiotics. R/O mass vs. other. Current meds: Lasix IV QID, amitriptyline, Baytril, and Cerenia. (no change for 3 days even with antibiotics).

Abnormal PE/Chem/CBC/UA Results: Glucose 161, creat. 2.7, BUN 49, Phos. 9.9, CI 100, TP >12, WBC 44.84.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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		172	0.62	1.34	0.62	65	94
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	1.0			1.01	2.07	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							

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Silver

INVOICE

36395

DATE

3/23/22

Cardiac Presentation

The left atrial size was normal to subnormal. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented subtle hypertrophy, yet may be owing to pseudohypertrophy from volume contraction. 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). The extracardiac space cranial to the right heart revealed a tissue mass, which could be consistent with possible fat or neoplastic process. FNA indicated. Assessment for diaphragmatic hernia of falciform fat would also be indicated.

ULTRASONOGRAPHIC FINDINGS

- Thoracic mass or lipoma, possibility of diaphragmatic hernia
- Volume contracted heart



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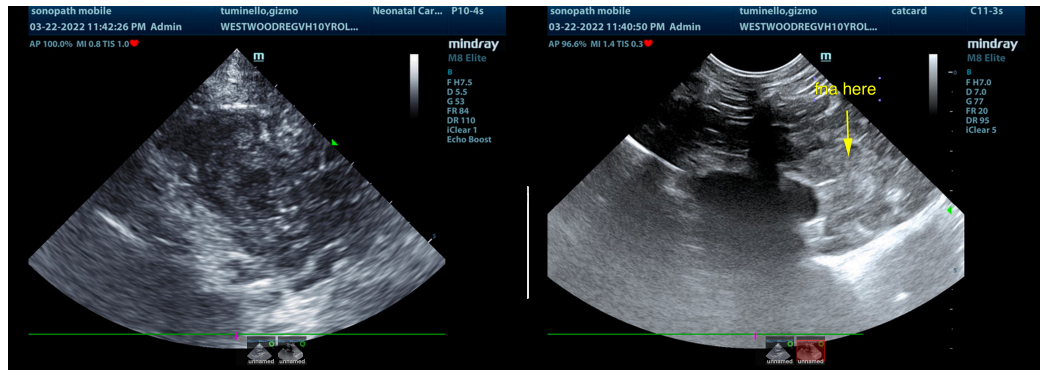
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging necessary. FNA of the mass density recommended. Radiographic evaluation for possible diaphragmatic hernia indicated. No evidence of pleural effusion or cardiac disease at this time. Abdominal sonogram recommended to assess renal structure, given the azotemia. I recommend diminishing to eliminating Lasix therapy, as the heart appears volume contracted. Chest CT would be ideal in this patient.

SonoPath CT Services are offered at the [Blairstown Animal Hospital](https://www.blairstownanimalhospital.com/). Blairstown animal hospital is just a 30-minute drive west on route 80 from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at:

<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>



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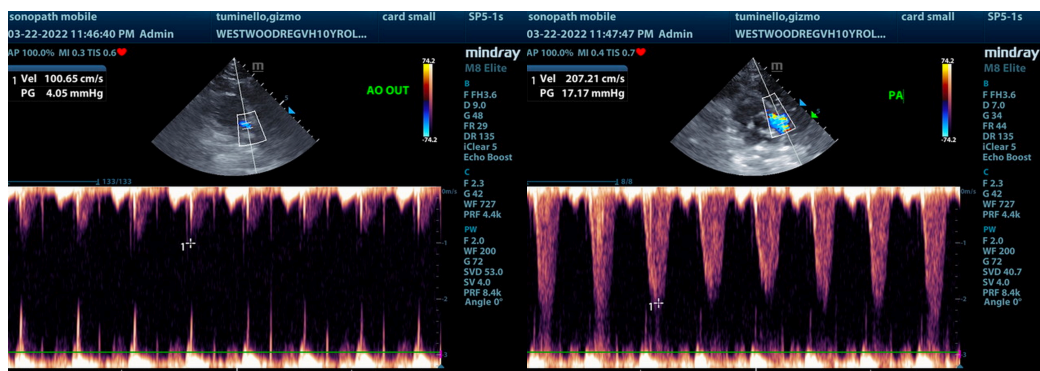
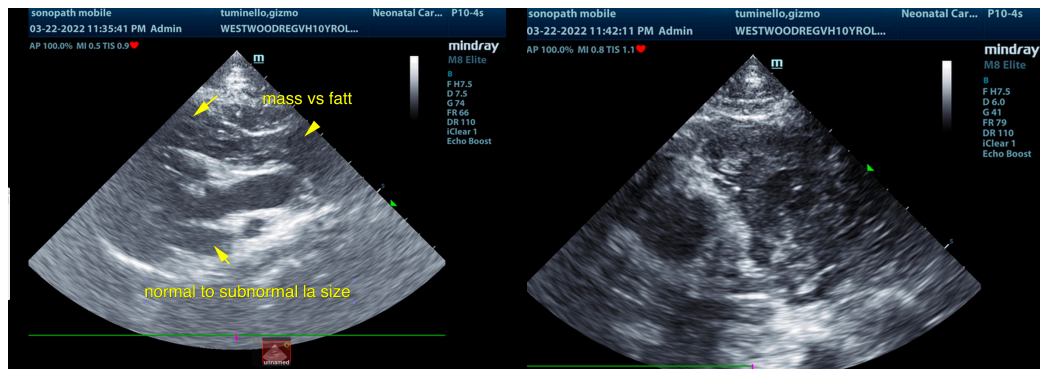
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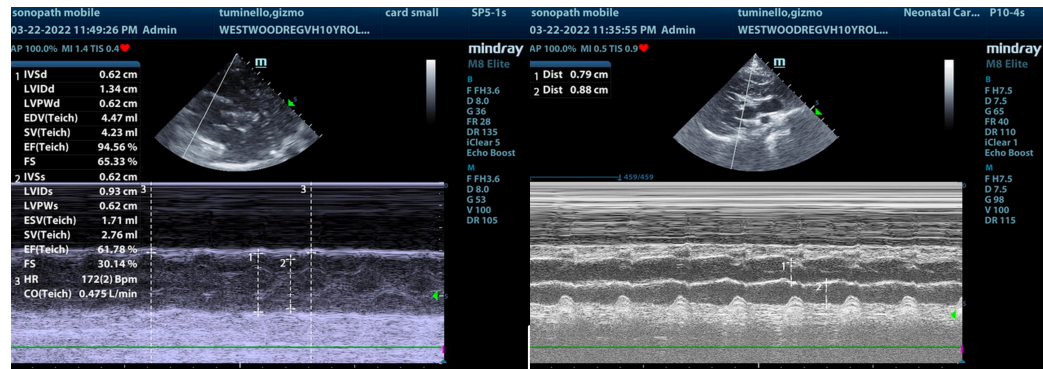
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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