



PATIENT PRESENTING CLINICAL SIGNS

Darwin Nestore History: Cranial thoracic mass suspected on radiographs
 Abnormal PE/Chem/CBC/UA Results: Chronic controlled renal insufficiency otherwise WNL.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Canine

BREED

German Shepherd

SEX

Neutered male

AGE

9 years

WEIGHT

105.8 lbs

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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 of the myocardium. The **left ventricular outflow** tract demonstrated normal subjective structural integrity. The **right atrium** and auricle revealed normal size, structure and content. No evidence of masses was noted. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure. A 3.6 x 4.5 cm, mixed, echogenic extracardiac thoracic mass was noted in this patient. The mass had a cystic component. The mass impinged upon the right ventricle, yet was clearly separate from it. Other portions of lung revealed nodules and ringdowns/B lines. This is suggestive for multi-centric disease. The overt mass noted appeared to be of lymph node origin as no peripheral lung air entrapment was noted in the lesion.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base;)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	NM	NM	35	NM	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m- mode short axis (cm)	LVIDs Avg; 2D and m- mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT		NM	NM	105.8 lbs	3.6	NM	

INVOICE

44008

DATE

4/25/23

ULTRASONOGRAPHIC FINDINGS



PATIENT Extracardiac thoracic mass with a cystic component.

Darwin Nestore

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

Chest CT would be ideal for further definition. The cystic portion may be a benign change; however, given the multi-focal, lung pathology underlying carcinoma or sarcoma is suspected. Ultrasound-guided drainage of the cystic component and FNA of the parenchymal component is indicated. The prognosis is guarded. An abdominal sonogram is warranted to assess for primary disease that may be metastatic to the chest. Chest CT and ultrasound-guided FNA of the mass would be ideal in this case.

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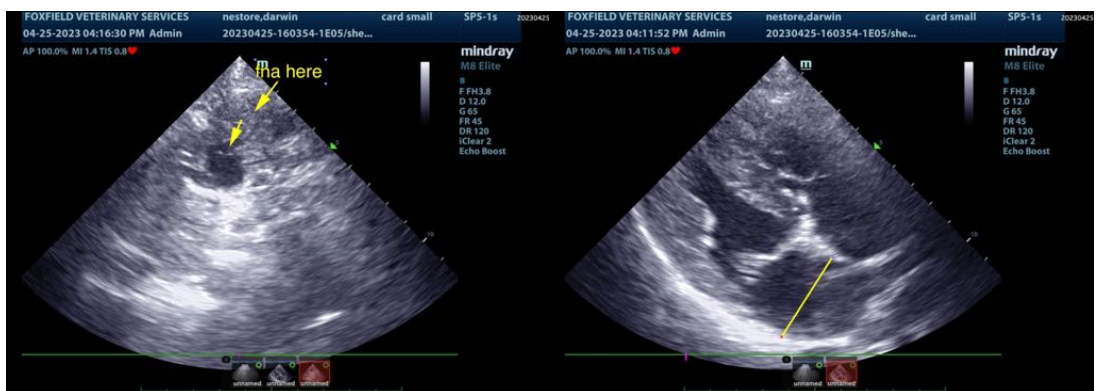
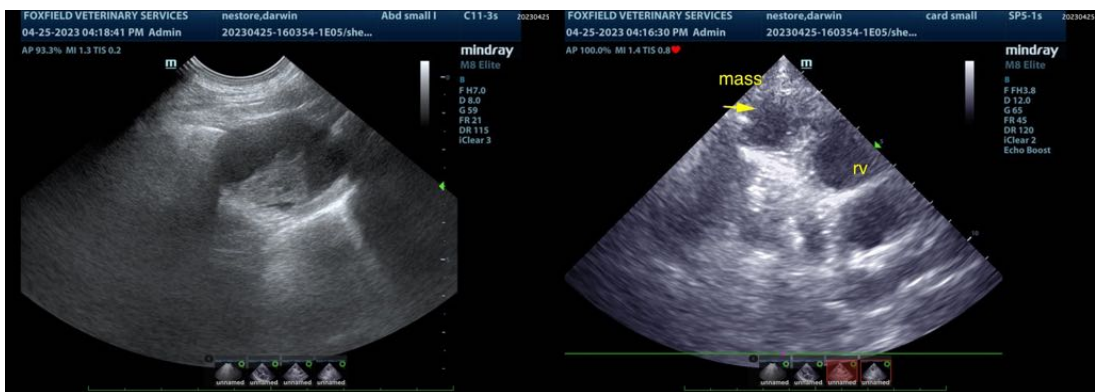
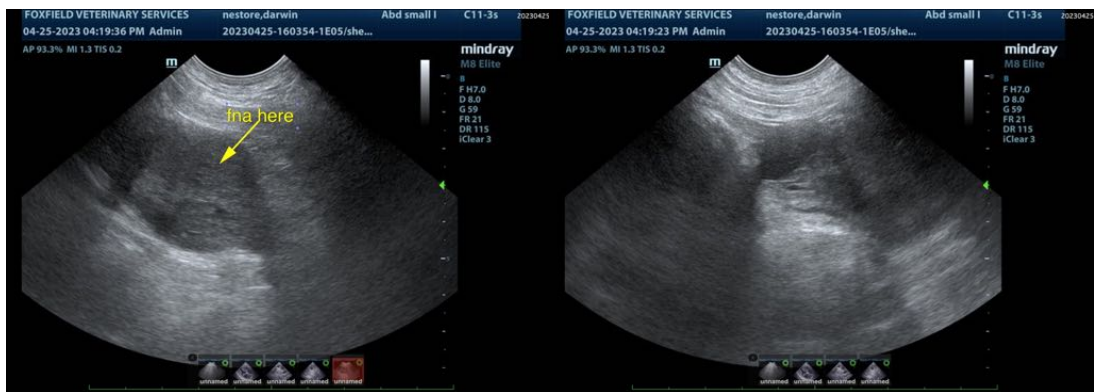
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PATIENT

Darwin Nestore

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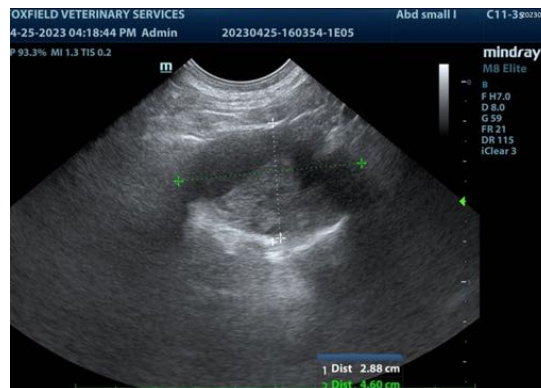
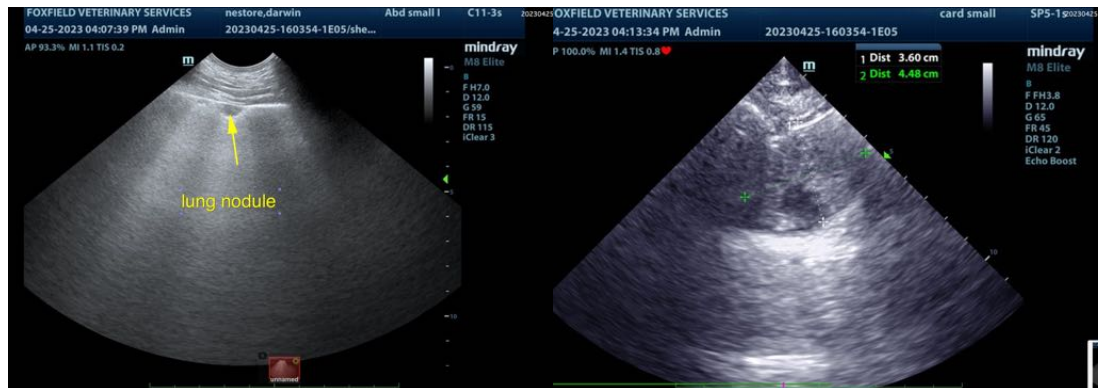
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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