



**PATIENT**

Blue Rowland

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

90 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

Dr. Vanderborgart

**INVOICE**

30060

**DATE**

4/29/22

**PRESENTING CLINICAL SIGNS**

Hx of immune mediated thrombocytopenia 4/22 presented for dry, unproductive hacking cough- PE wnl; normal bronchovascular lung sound. Cough tabs seemed to help but then patient started with productive hacking cough (blood tinged white foam). On clavamox and cough tabs. . Patient presented again on 4/29-harsh lung sounds heard in left lung field, increased abdominal effort, muffled heart sounds. Chest rads showed cylinder mass-like object at apex of heart. Rad report - etiology not determined, , mass suspected, CT or echo recommended

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

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 laminar flow and 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, laminar flow, and diameter (approx.1:1 pa/ao ratio). The caudal thorax in this patient revealed a cavitated, mineralizing mass that measured 10.0 cm and impinged upon the diaphragm caudally upon the heart cranially. Comet tail lung pattern was noted elsewhere in the lung fields. This is strongly suggestive for lung sarcoma or carcinoma. The area of the mass did not allow for direct FNA.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT			1.1	1.2	41	73	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				
PATIENT	193	1.52	1.1	90 lbs	3.7	3.6	



**PATIENT                      ULTRASONOGRAPHIC FINDINGS**

Blue Rowland                      Mineralizing mass in caudal thorax.

Comet tail lung pattern.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**BREED**

Boxer Mix

Thoracic CT is recommended to assess for the extent of the pathology if by chance it is surgical. However, the multi-focal nature of the presentation suggests that surgery is not likely an option. Abdominal sonogram could be considered for further definition as to whether a primary neoplastic event is present in the abdomen versus primary thoracic neoplasia. The heart is unremarkable. The prognosis is guarded to poor depending upon CT results.

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Neutered male

**ABOUT SONOPATH CT SERVICES:**

**AGE**

13 years

**SonoPath CT Services** are offered at the [Blairstown Animal Hospital](#). Blairstown, New Jersey. More information can be found at

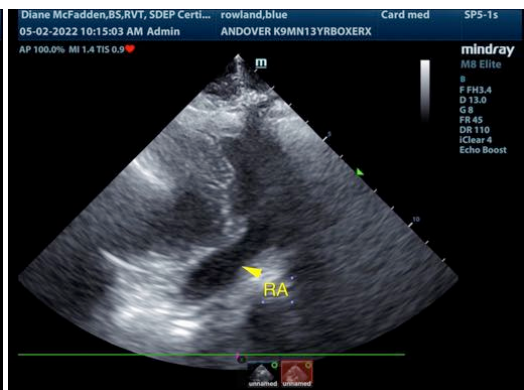
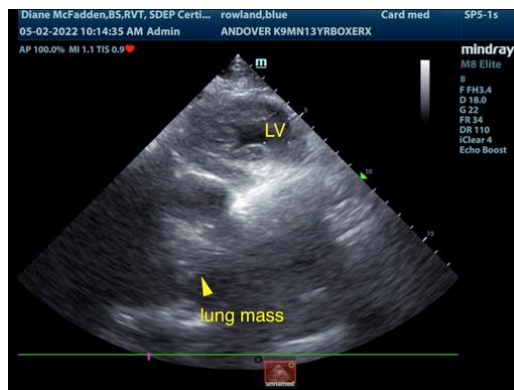
<https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

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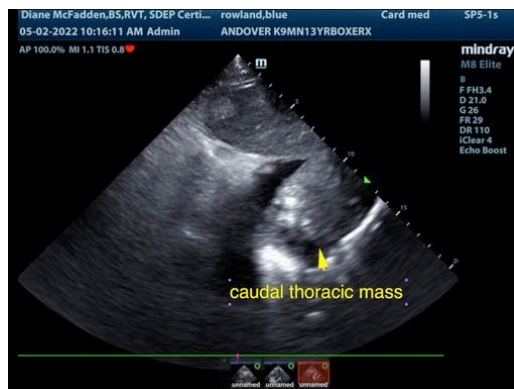


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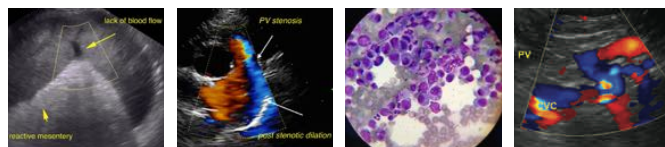
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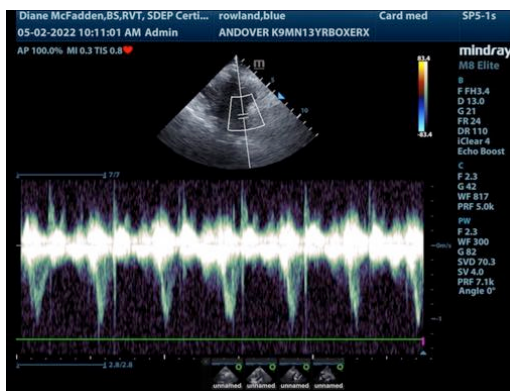
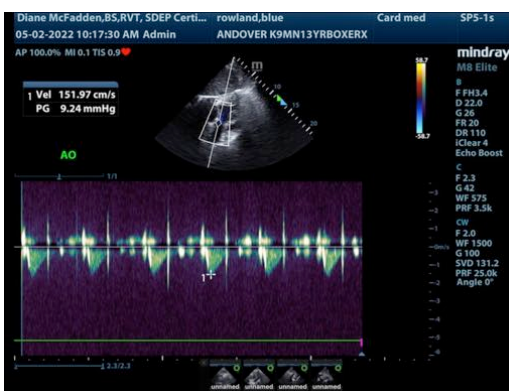
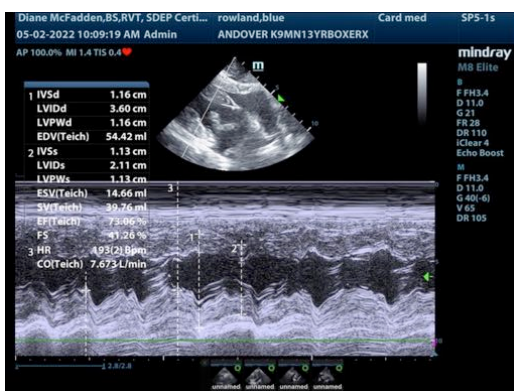
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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