

PATIENT

Coco Lopez Ortiz

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

8 Years

WEIGHT

14.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. G. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Damaris Rohena

PRESENTING CLINICAL SIGNS

Presented as a referral for a thoracic non cardiac ultrasound. Patient presented to rDVM with history of been coughing for 4 days. A week before the cough started pt was at the grooming. Pt is up to date with vaccines and Heartworm prevention. Radiographs were done: right cranial lobe with radiopacity consistent with fluid and possible mass from T1-T5 vertebral spaces. Lateral views show pleural effusion from Intervertebral spaces T1-T8. Thoracentesis retrieved 1.5mL of purulent material with blood. Sent to analysis. TDx. Septic pleuritis, no neoplastic cells detected. On 8/22 a second sample is taken for aerobic and anaerobic culture, that did not grow (Patient was under Tx of Doxycycline). Referral for thoracic U/S to get more information and status of the lesion after finishing the Doxycycline.

Abnormal PE/Chem/CBC/UA Results: PE: Heart murmur grade 3/6 Thoracic rads: Soft tissue opacity on right cranial lateral thorax by T1-T5. Fluid analysis: No growth

LIMITED ULTRASONOGRAPHIC EXAMINATION

A 5.0 cm x 2.2 cm mixed hypoechoic mass was noted in the thorax adjacent to the right heart. No peripheral air entrapment noted, which would suggest that the mass is of lymph node origin.

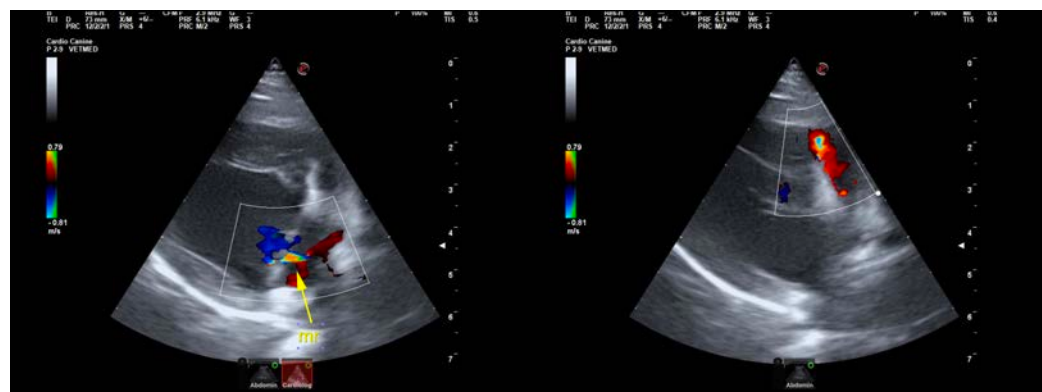
The heart appeared subjectively unremarkable. Normal contractility. Slight mitral insufficiency. No evidence of volume overload.

ULTRASONOGRAPHIC FINDINGS

- Thoracic mass – suspect lymph node origin.
- Concurrent compensated mitral insufficiency

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA performed without complication. Chest CT warranted to assess if the mass is resectable. Thymoma, lymphoma, metastatic lesion from abdominal pathology , or primary lung mass/sarcoma possible. Treatment should be based on FNA results, CT Evaluation of the chest, and abdominal sonogram to assess for related disease.



INVOICE

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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

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