

PATIENT

PRESENTING CLINICAL SIGNS

SPECIES

Mister Malin

BREED

Feline

SEX

Domestic Shorthair

History: P presented for I-131 pre-treatment work up. Possible cranial mediastinal mass identified on rads. Current Medications methimazole Radiographic Findings FULL BODY, 12 July 2022: Right and left lateral and ventrodorsal projections are available for review (3 views in total). FINDINGS: The pulmonary parenchyma is within normal limits. There are no pulmonary nodules or other significant abnormalities of the pulmonary parenchyma. There are no overt cardiovascular abnormalities. There is no evidence of pleural effusion or other significant abnormalities evident. A small oval-shaped soft tissue opacity is overlying the first and second sternebra. The visible trachea is uniform in diameter and position. Abdominal serosal detail is good. Mild hepatomegaly is present. The gastrointestinal and remaining abdominal parenchymal structures are within normal limits. There is no evidence of bowel distention, plication, or radiopaque foreign material. There is no evidence of mass effect. The skeletal structures are within normal limits. CONCLUSIONS: 1. Suspected small cranial mediastinal mass consider possible sternal lymphadenopathy versus cranial mediastinal mass such as ectopic thyroid tissue. 2. Mild hepatomegaly may be a normal variation or secondary to a diffuse hepatopathy/endocrinopathy, chronic hypoxia, inflammatory disease, or infiltrative neoplasia. Primary Question/Differential to Be Answered in This Exam Is there a mass in the cranial mediastinum

AGE

12 years

WEIGHT

9.88 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate LA measurements. The cranial and caudal **mitral** valve leaflets presented normal linear structure and kinetics. The **left ventricle** presented normal thicknesses with linear contour and was not dilated nor restricted. Some **myocardial** remodeling was noted and expected for this age patient. This is not a functional issue. **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). No visible **pericardial** or free pleura fluid was noted or extra cardiac pathology in the visible planes. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Cranial mediastinal fat was noted and measured approximately 1-1.15 cm. This is consistent with fat density in the cranial mediastinum on radiographs.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

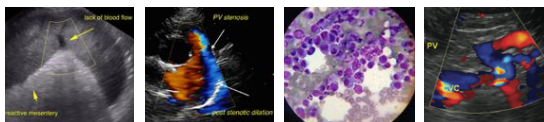
Dr. Remcho

DATE

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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		NM	0.57	1.17	0.58		95
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	1.23	1.2	1.2 max		1.2	1.1	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							

ULTRASONOGRAPHIC FINDINGS

WEIGHT
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Normal geriatric heart.
Cranial mediastinal fat, no evidence of masses.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of clinical disease.

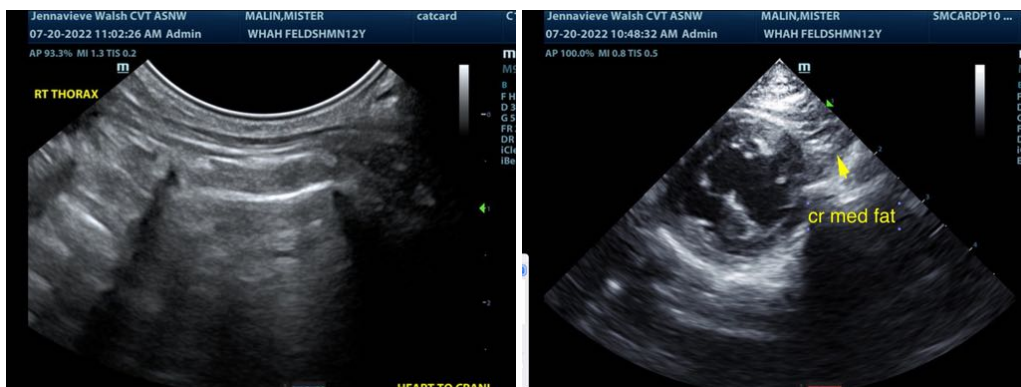
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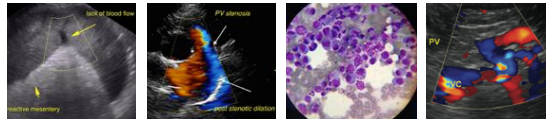
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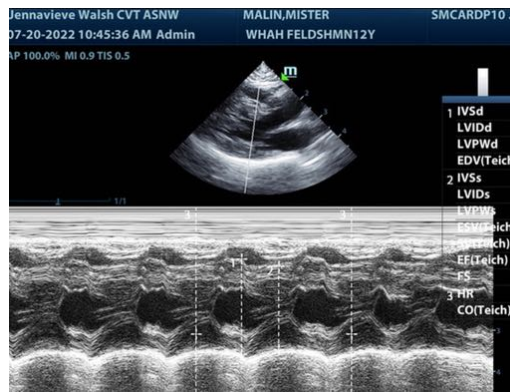
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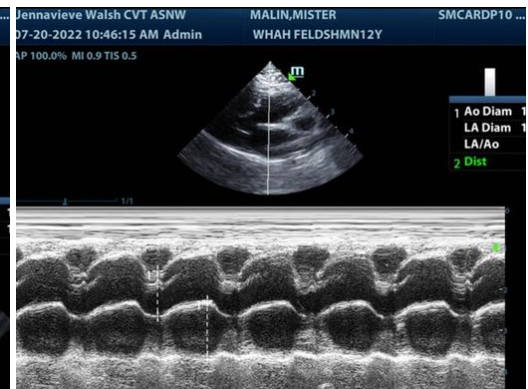
Dr. Remcho

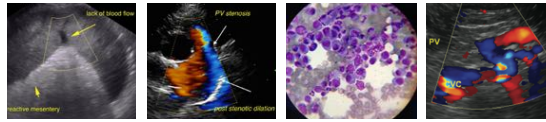
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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