



PATIENT

Paris Visser

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed female

AGE

11 years

WEIGHT

51 lbs

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP, Cert. IVUSS,
 CEO of SonoPath.com

IMAGING PERFORMED BY

Meghan Morse, LVT,
 CVT

HOSPITAL NAME

Flanders VC

REFERRING VET

Dr. Gasparro

INVOICE

71635

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Heterogenous mediastinal mass cranial thorax seen on TFAST @ Crown on 2/13
- FNA possible mass
- WBC 12.16K, Neuts 10.58K, HCT 56.1, PLT 177, Normal PT/PTT

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. Trivial, centralized **mitral** valve insufficiency was noted and measured 5.5 m/sec. 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). **Thoracic mass** was visualized and undifferentiated with areas of cavitation. The mass measured 5.1 cm.

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO	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	5.5		1.2	1.4	45	80	NM
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	90	2.0	1.0	51 lbs	3.2	3.55	

ULTRASONOGRAPHIC FINDINGS

Minor mitral valve disease. Stage B1 valvular disease, compensated.

Cranial mediastinal mass. Lymphosarcoma, necrosis, thymoma and carcinoma are all possible.



INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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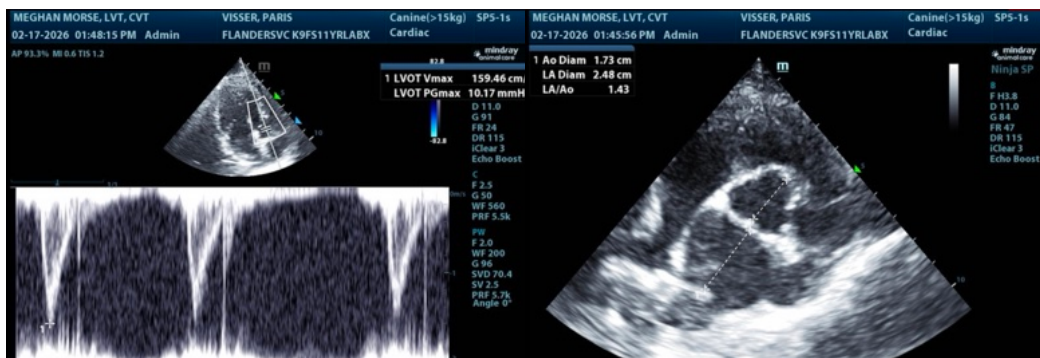
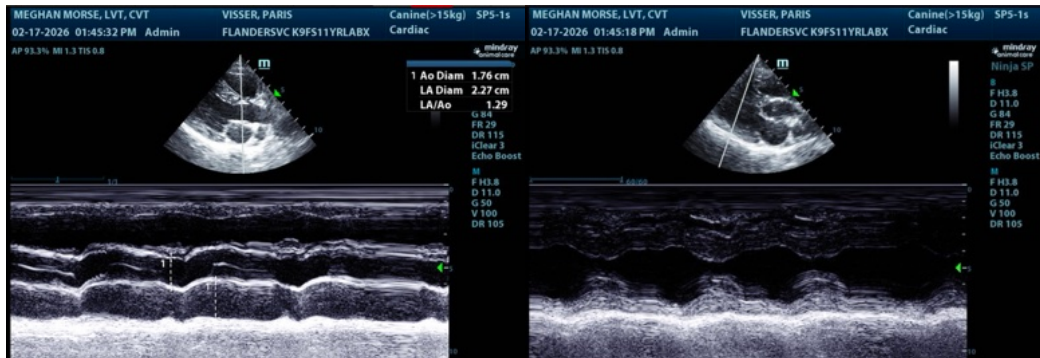
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Ultrasound-guided FNA of the thoracic mass was performed without complication. No peripheral air involvement was noted. Therefore, the mass could be lymph node in origin or possibly lung in origin. Chest CT is indicated as well as abdominal sonogram to assess for primary disease. This is potentially surgical, yet depends on CT findings and abdominal sonogram.

The heart is stable without clinical disease. No overt contraindication for anesthesia of brief to moderate duration. I suggest Torbutrol premed, Propofol induction, Isoflo maintenance or similar protocol if anesthesia is desired. Blood pressure recommended if not already performed and target white coat negative systolic pressure of < 160 mmHg. If higher than this ACE-inhibitor is suggested to reach this level. Recheck echocardiogram is recommended in 6 months, earlier if murmur grade increases or clinical signs initiate.

ABOUT SONOPATH CT SERVICES:

SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/services/vetimaging/>





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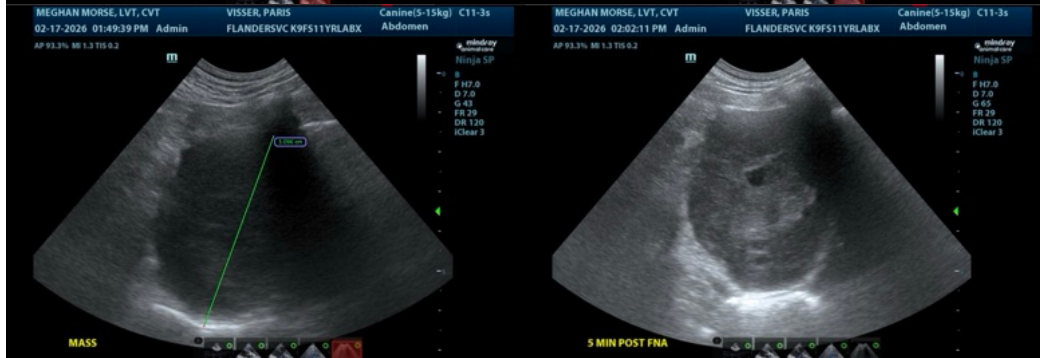
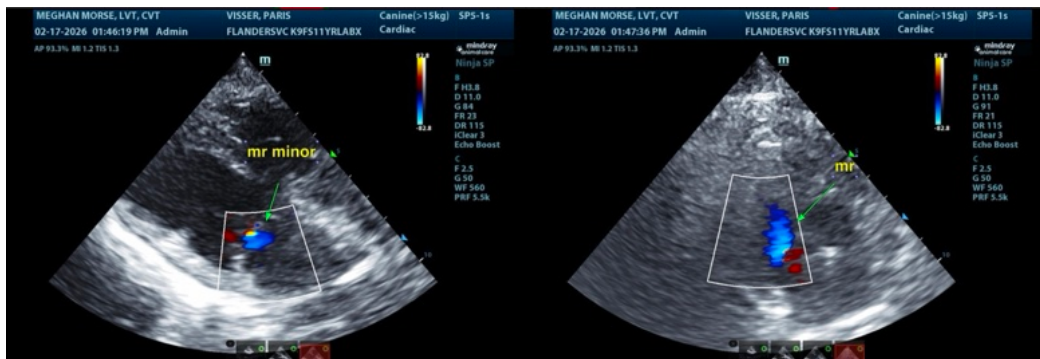
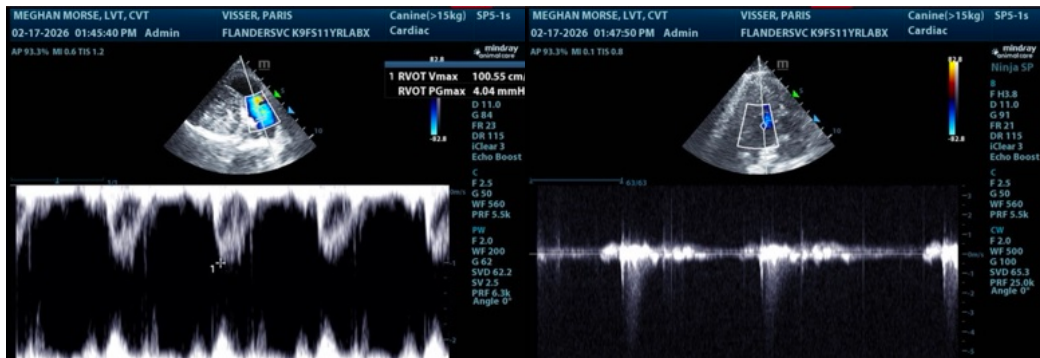
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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