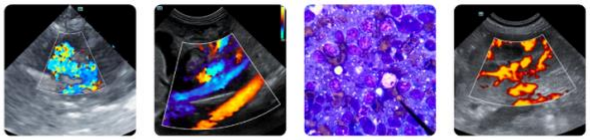

PATIENT

Kerry Dyer

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

10

WEIGHT

88

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jenn

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INVOICE

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PRESENTING CLINICAL SIGNS

Labored breathing laying on floor moaning X-rays show mass in cranial mediastinum

Abnormal PE/Chem/CBC/UA Results: ALT 192 ALP 390

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

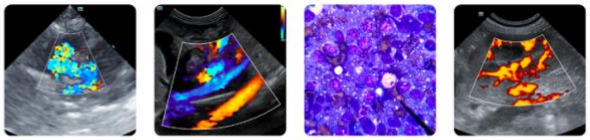
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	NM	NM	36	68	0.3
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LAD** LA MAX 4 Chamber	**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	NM	1.0	0.6	--	3.6	3.0	--

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** dimension based on LA 2D measurement. 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). No visible **pericardial** or free pleura fluid was noted. Moderately sized to large primarily spherical homogenous hypoechoic mass adjacent to or cranial to the heart was visualized measuring approximately 10.0 cm in diameter.

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or



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sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.9 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was asymmetrically enlarged primarily noted in the mid to cranial left adrenal gland with subjective maintained asymmetrical left adrenal gland capsule contour with mild nonhomogenous nonmineralized parenchyma. The left adrenal gland measured 4.5 cm in length x 2.2 cm width at the cranial pole and 1.2 cm width at the caudal pole.

The right adrenal gland was indistinctly visualized without overt visualized pathology. The right adrenal gland subjectively measured 0.79 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly thickened stomach wall. The stomach was overall nondistended containing mild anechoic fluid. Stomach wall measured 0.81 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram.
- Ovoid homogenous hypoechoic mass pericardial to cranial thorax/mediastinum.
- Hepatopathy.
- Mild nonorganized gallbladder debris (non-mucocele).
- Asymmetrical left adrenomegaly- hyperplasia, hematopoiesis, emerging primary left adrenal tumor or metastasis are all potentials.
- Age-related renal changes.
- Sonographically normal spleen.
- Subjective mild hypomotile gastritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thoracic to mediastinal mass is highly suggestive of neoplastic criteria with considerations including marked lymphadenopathy, pulmonary mass, thymoma or other. No overt anesthetic contraindications. Assuming normal clotting status, mass and screening hepatic FNA cytology could be considered for further clarification and potential for oncology consult. Adrenal work up id indicated if clinical signs are consistent with Cushing's syndrome as well as serial monitoring of systemic BP for evidence of hypertension which may potentially allude to concurrent or left pheochromocytoma. Thoracoabdominal CT could be considered for further clarification.

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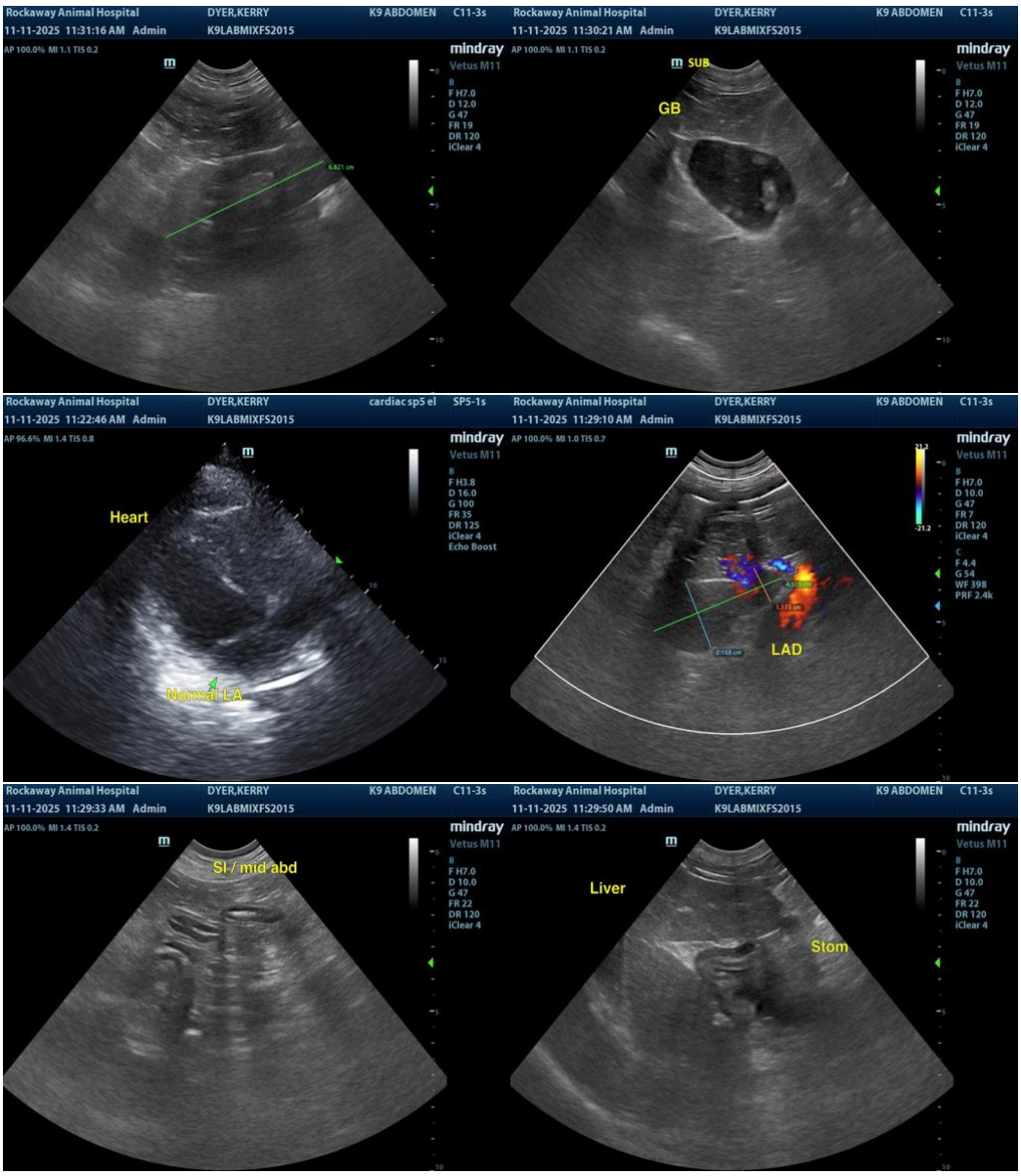

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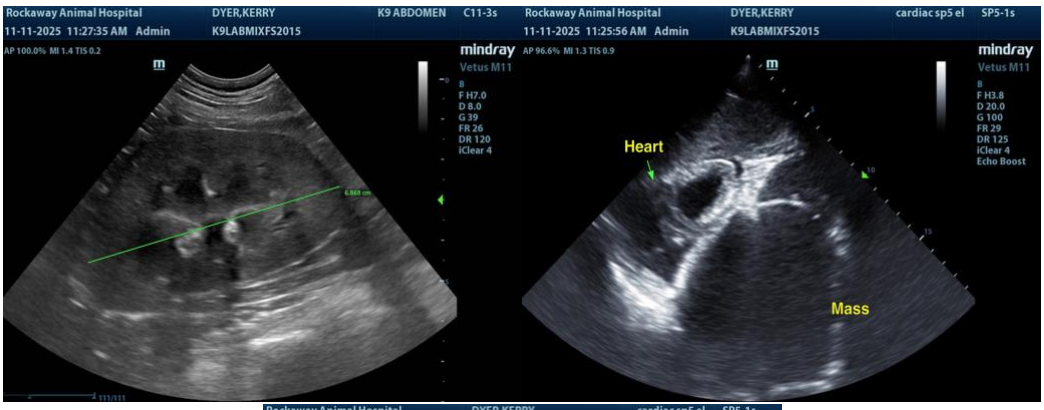

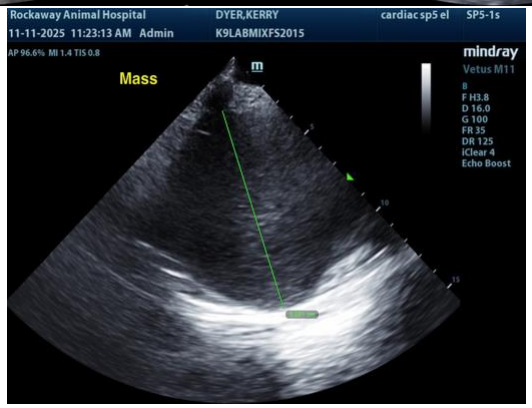

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com