



PATIENT

Daisy Rios

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

FI

AGE

6yr

WEIGHT

5.6lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dr. Carlos Soto

INVOICE

22974

DATE

11/17/25

PRESENTING CLINICAL SIGNS

Presented as a referral for a thoracic non cardiac ultrasound. Pt has been lethargic for 1 week and not eating much (eats sporadically). No history of recent vomiting. Radiographs showed multi circular lesions on left side of lungs. Pt is currently on Clavamox BID. DDX: Thoracic neoplasia, Pneumonia, Abscess

Abnormal PE/Chem/CBC/UA Results: Radiographs and Bloodwork attached as supporting documents. FNA of the Lung Mass: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE THORAX

A moderately sized, space occupying non-homogenous to focal hyperechoic thoracic mass was present in the area of the left mid to cranial thorax, measuring ~ 5 cm in diameter.

Associated mild left retroperitoneal effusion was present.

Aerated lung present in the cranial and caudal right thorax, as well as the caudal left thorax.

Subjective assessment of the heart revealed no evidence of pericardial effusion or visualized cardiac tumors.

Subjective normal cardiac chamber size and LV contractility.

ULTRASONOGRAPHIC FINDINGS

Primary

- Moderately sized space occupying non-homogenous to focal hyperechoic thoracic mass in the area of the left mid to cranial thorax
- Associated mild left retroperitoneal effusion
- Right thoracic aerated lung
- Subjective normal echocardiogram

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the left thoracic mass may include favored neoplasia, consolidation, inflammatory /infectious disease, granuloma, or potential mixed pathologies.

Correlation with mass FNA cytology +/- effusion analysis, and C/S is recommended. Pending mass sampling, and if available thoracic CT is likely ideal for further assessment, specifically if surgical intervention is a potential in this patient.



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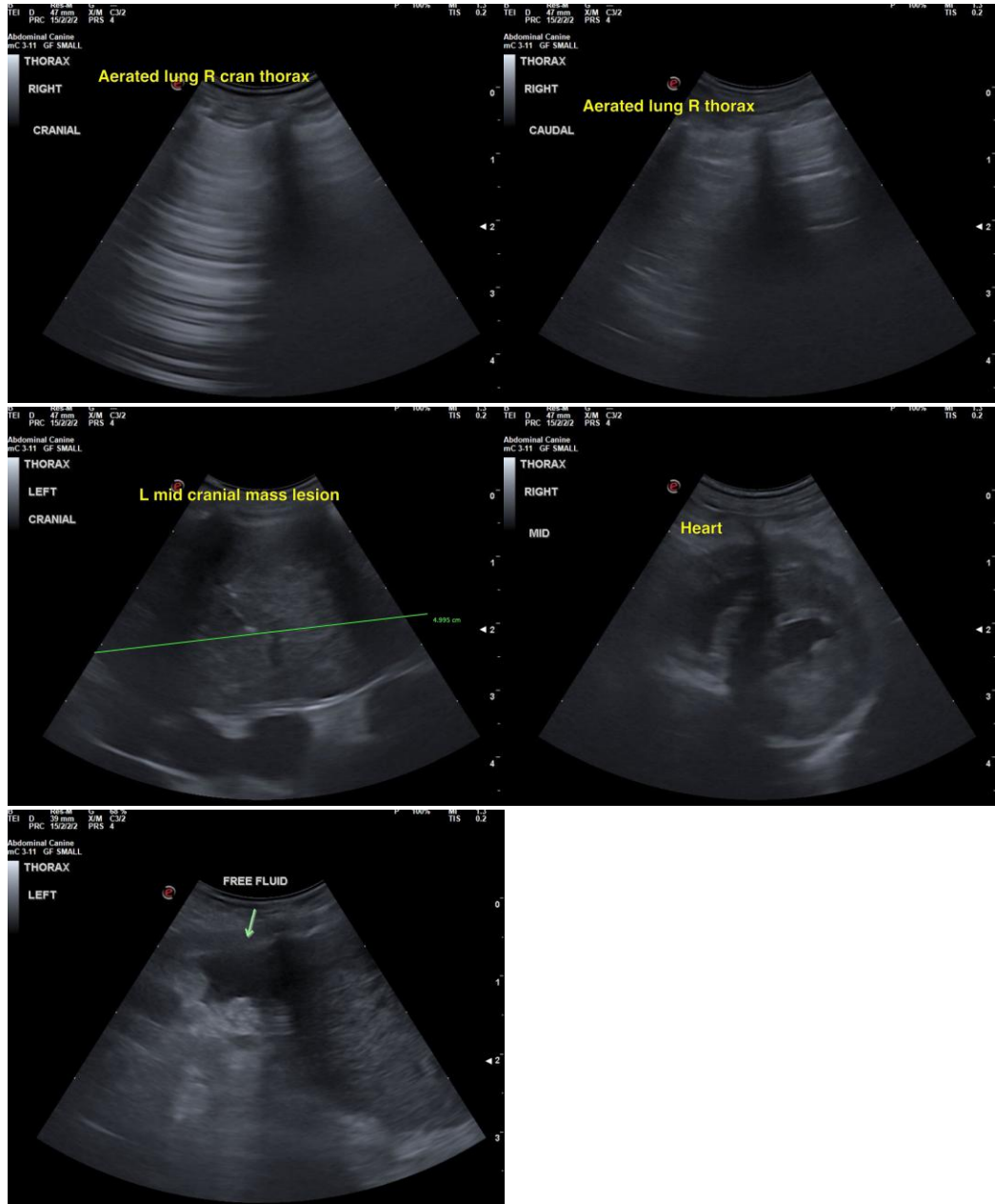
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@sonopath.com

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