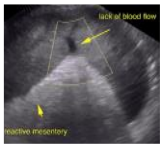
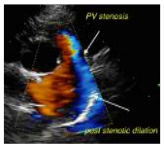
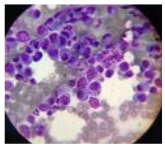
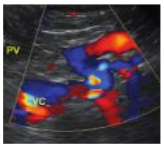
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chloe Hammond

SPECIES

Feline

BREED

DSH

SEX

F/S

AGE

5 years

WEIGHT

12.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Marisa Herzog

INVOICE

16116

DATE

2/10/23

PRESENTING CLINICAL SIGNS

Patient presents for sonographic evaluation of thoracic mass visualized on radiographs. Rad report findings: "Cranial mediastinal mass versus a pulmonary mass within the left cranial lung lobe. Rule outs for a cranial mediastinal mass include abscess formation, cyst formation, lymphoma, thymoma and less likely ectopic thyroid carcinoma. Rule out for a pulmonary mass included abscess formation, cyst formation, granuloma or neoplastic process such as bronchogenic carcinoma. Subtle bronchial pattern in the caudal lung lobes. Rule out normal variant, inflammation, mild underlying feline asthma or parasitic burden."

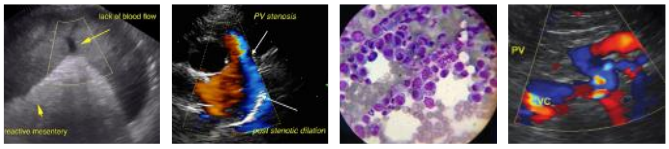
Abnormal PE/Chem/CBC/UA Results: WBC 25.53, LYM 15.01, HGB 15.4, HCT 47.57, PLTs 166, MPV 14.1, PCT 0.23%, PDWc 41.4%, PDWs 22.8. Chem: WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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		130	0.45	1.79	0.45	41	77
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		1.22	1.3		0.9	0.86	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							

Cardiac Presentation

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. 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 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



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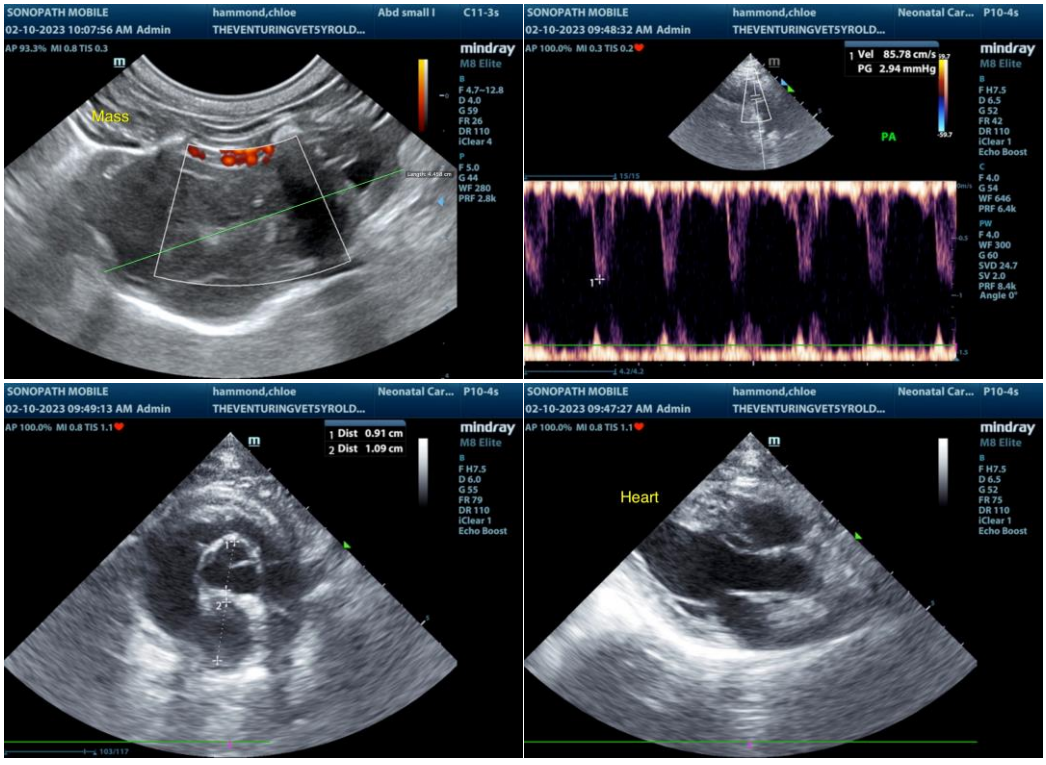
normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonic** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** or free pleura fluid was noted. No evidence of cardiac tumors was present. Mild asymmetrical homogeneous to uniform hypoechoic mass lesion was present in the cranial thorax in the area of the cranial mediastinum measuring approximately 4.5 cm In diameter. Possible discrete areas of air entrapment were noted within the mass parenchyma, although not definitive.

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Cranial thoracic / mediastinal mass - Neoplasia, granuloma, less likely consolidated abscess or other, the mass lesion was not consistent with cystic presentation

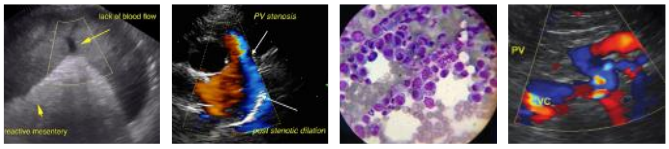
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending cytology of the cranial thoracic / mediastinal mass +/- oncology consult and advanced imaging, if neoplastic process is confirmed, is recommended.



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



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can be of any further assistance please contact me.

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