
PATIENT PRESENTING CLINICAL SIGNS

Lulu Dale mass effect on cranial thorax on rads r/o pulmonary mass vs mediastinum neoplasia, no response to zenequin X 14days meds: metacam, telmisartan, felimazole, fortiflora

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

4kg

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		181	0.4	1.6	0.4	55	89.3
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	1.1	1.2	1.2		0.92		
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							

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hartzel AH

REFERRING VET

Morris

ULTRASONOGRAPHIC FINDINGS

- Normal echocardiogram
- Thinly walled cystic structure containing anechoic fluid cranial thorax/mediastinum

INVOICE

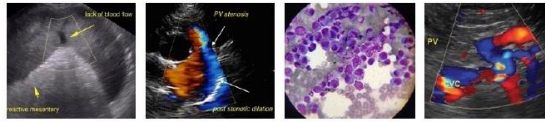
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DATE

03/17/2023

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cystic structure that coincides with the cranial thoracic to mediastinal mass on radiographs is suggestive of cystic criteria and may include pulmonary, cranial mediastinal or brachial cyst. The structure is not overtly suggestive of neoplastic criteria and is without overt evidence of inflammatory criteria. Assuming normal clotting status an ultrasound guided centesis of the cystic structure for analysis cytospin cytology +/- C/S if clinically indicated is warranted.



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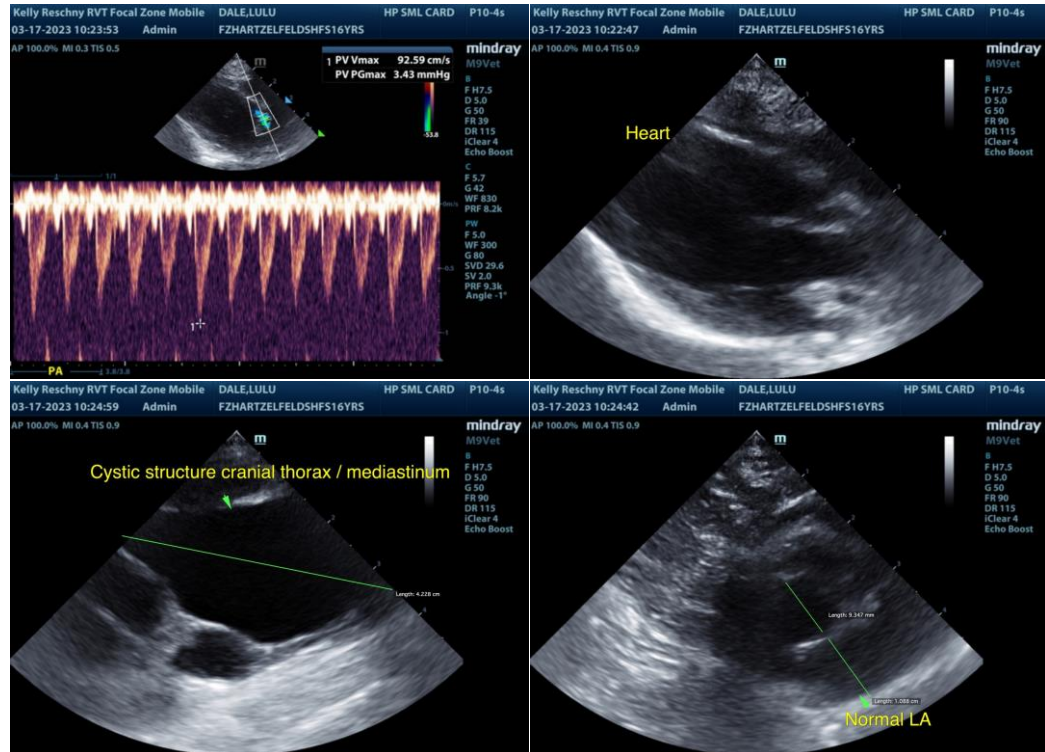
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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