



PATIENT

Cashew Jeffrey

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

11 Years

WEIGHT

5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Milford VC

INVOICE

14472

DATE

3/24/22

PRESENTING CLINICAL SIGNS

History: **THORACIC SCAN No cough or heart murmur. Radiographs taken for chronic intermittent diarrhea. DVM concerned about a mass effect near heart base pushing trachea dorsally.

Abnormal PE/Chem/CBC/UA Results: Attached rads for review. The right lateral and left lateral were obtained today.

ULTRASONOGRAPHIC EXAMINATION OF THE CHEST

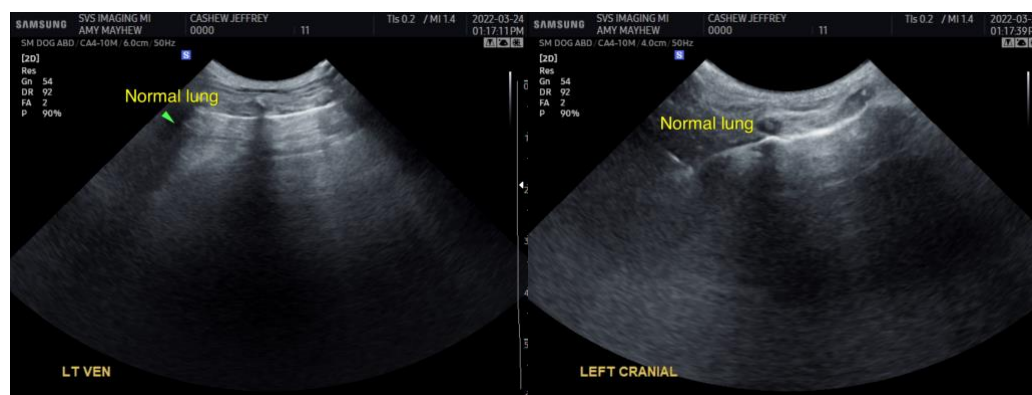
The subjective echocardiogram in this patient demonstrated normal left atrial size. The left ventricle presented overtly normal thickness and was not dilated or restricted. The myocardium exhibited normal echogenicity. Contractility of the ventricular walls was subjectively normal. The right atrium and auricle revealed overtly normal size, structure and content. No evidence of masses associated with the right atrium or oracle were visualized. The right ventricle was of normal subjective size and thickness, exhibiting normal LV and RV myocardial echogenicity. No visible pericardial or free pleural fluid was noted. The cranial mediastinum and pericardial regions, as well as the immediate extracardiac regions were free of overt masses in the visible window. Sonographic assessment of the left and right cranial to caudal lung fields revealed normal aerated lung, exhibiting normal linear pleural interface and without evidence of pulmonary masses or peripheral nodules.

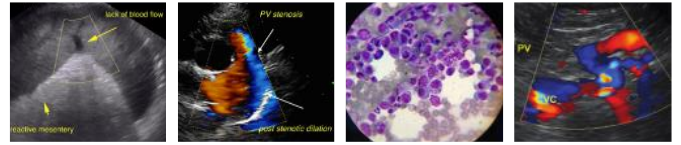
ULTRASONOGRAPHIC FINDINGS

- Overtly normal cardiac structure and function
- Sonographically unremarkable left and right lung fields

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of cardiac pericardial or thoracopulmonary pathology. Technically, a small mass could be present within the thoracic cavity yet surrounded by aerated lung and unable to be visualized. If this is of concern, radiographic monitoring of a potential lesion versus thoracic CT for further assessment could be considered.





PATIENT

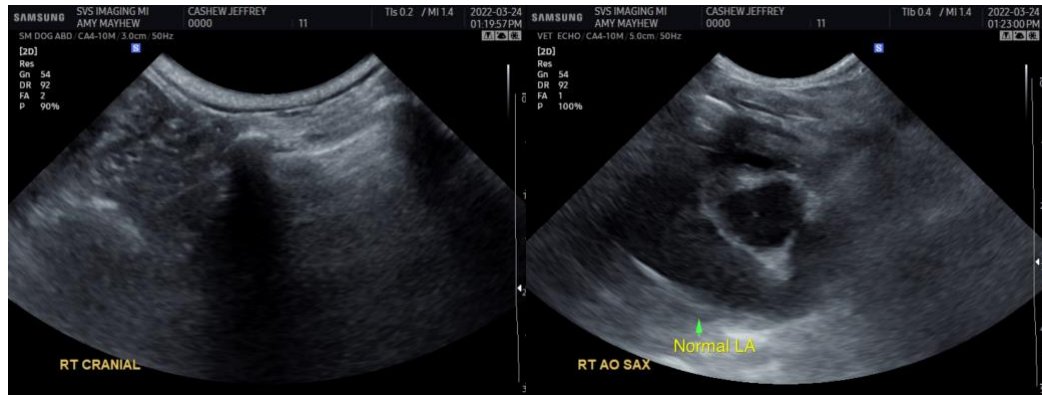
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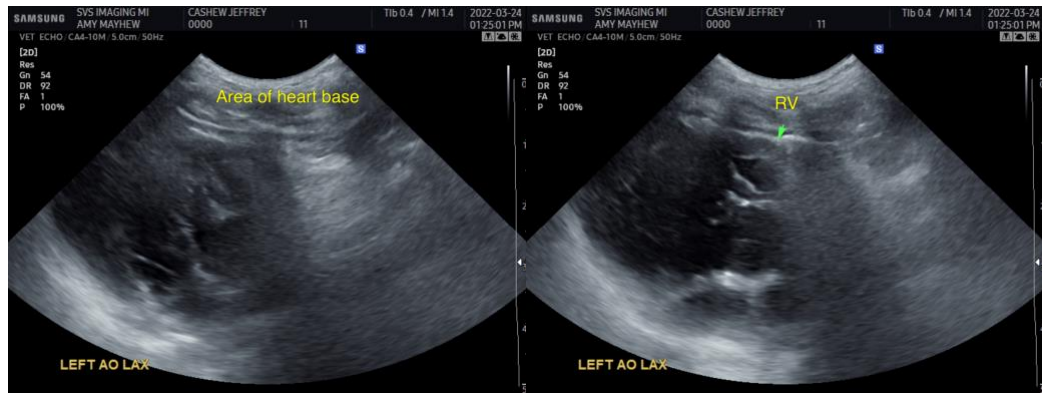
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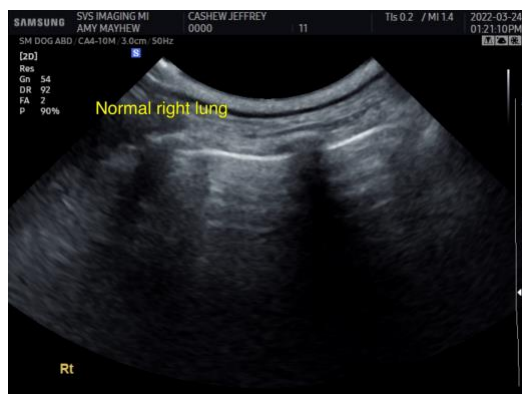
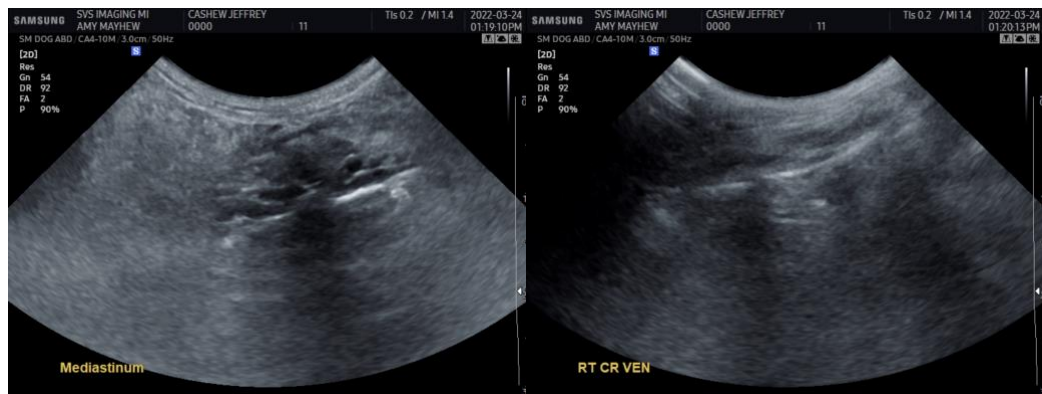
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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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