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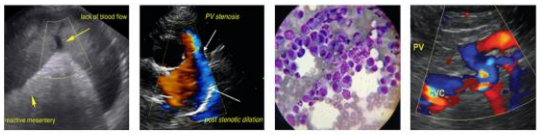

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Doodlebop Parker

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2009

WEIGHT

13.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Holland

INVOICE

14606

DATE

8/12/22

PRESENTING CLINICAL SIGNS

Decreased appetite Convenia

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

Cardiac Presentation

The subjective cardiogram in this patient revealed normal left atrial size. The left ventricle presented subjective normal thicknesses without evidence of dilation or restriction. The **myocardium** presented overtly normal echogenicity without obvious evidence of fibrotic or ischemic disease. **Contractility** of the ventricular walls was subjectively normal. The **right atrium** and auricle revealed overtly normal size, structure and content. No overt evidence of masses associated with the right atrium or auricle or evidence of right atrium enlargement. The **right ventricle** was of overtly normal size compared to the left ventricle exhibiting normal myocardial echogenicity and subjective normal thickness. No visible **pericardial** free fluid was noted. Mild volume free pleural fluid exhibiting potential for mild echogenic changes, suggestive of cellularity, was noted. Hypoechoic to mildly nonhomogeneous mass lesion was present in the caudal thorax and appeared to be directly effacing the associated diaphragm and potentially cranial aspect of the liver. The mass lesion measured approximately 4.0 cm in diameter. The diaphragm appeared to be primarily Intact, although indistinctly visualized In the area of the caudal thoracic mass lesion.

The majority of the liver appeared to be within the cranial abdominal cavity including visualization of the gallbladder within the cranial abdomen. No obvious evidence of concurrent peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Caudal thoracic mass lesion directly effacing associated diaphragm and potentially cranial aspect of the liver
- Mild volume pleural effusion exhibiting mild echogenic changes
- Overtly normal cardiac structure and function

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The caudal thoracic mass lesion may Indicate primary pulmonary pathology i.e., neoplasia, granuloma, consolidation, etc., although the possibility of a potential invading transdiaphragmatic mass originating from the liver is possible. Potential for true diaphragmatic hernia is considered less or unlikely.

Pleural effusion analysis, cytology, +/- C/S if evidence of inflammatory cells, as well as ultrasound-guided FNA of the caudal thoracic mass lesion, assuming normal clotting status and if accessible for cytology could be considered. Thoracoabdominal CT would be ideal given this presentation for further assessment, as well as assessment of potential surgical options if surgery Is a possibility in this case.

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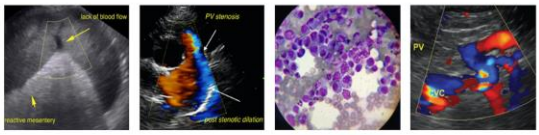

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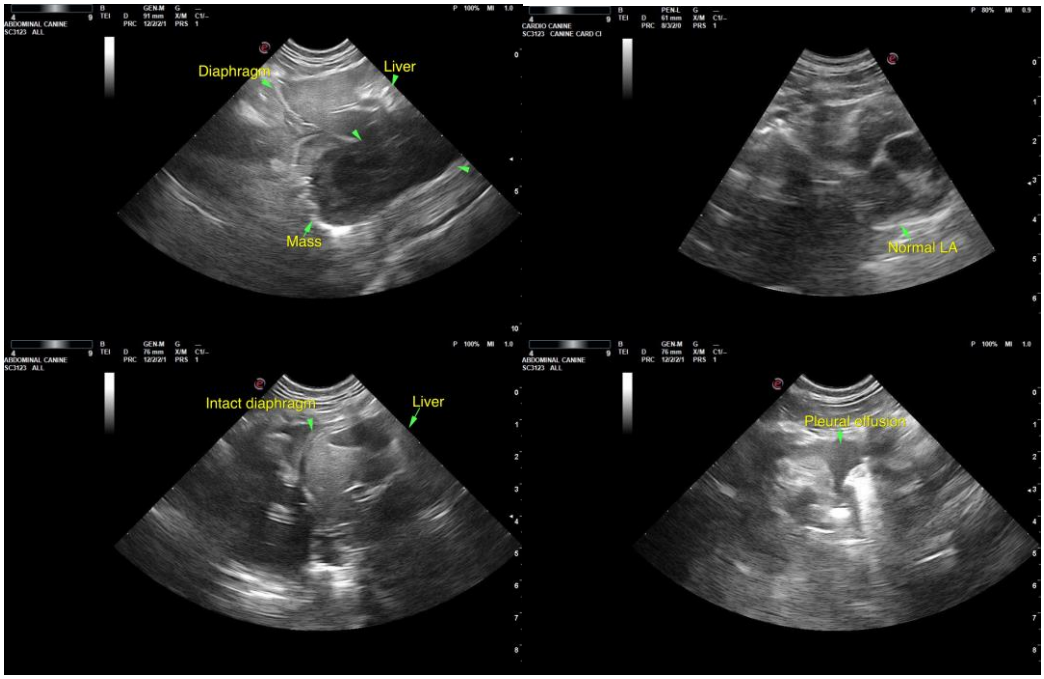

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com