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Clinical Sonography & Telecytology
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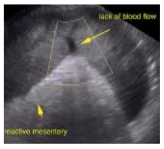

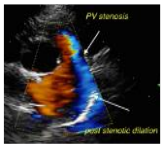

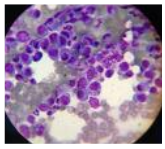
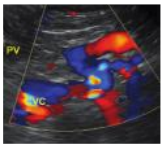

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Shelby Foster

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

13 yrs

WEIGHT

62 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Barron

INVOICE

14699

DATE

8/25/22

PRESENTING CLINICAL SIGNS

-Acute lethargy + anorexia. Suspect mediastinal mass.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.3	28-40	40-100	<0.6
PATIENT				1.4	24	50	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view (cm)	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	156	1.2	0.85		3.0	3.2	

Cardiac Presentation

The echocardiogram in this patient demonstrated normal **left atrial** size based on 3 separate methods of LA evaluation. The cranial and caudal **mitral** valve leaflets presented normal linear structure, extension in systole, and union in diastole with normal kinesis. The **left ventricle** presented 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 mildly subnormal as evidenced by the fractional shortening measurement and subjective evaluation of the different regions 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. **Tricuspid** valvular assessment demonstrated adequate linear morphology and kinesis. The **right ventricle** was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. **Pulmonary outflow** tract assessment revealed normal valve structure, laminar flow, and diameter (approx.1:1 pa/ao ratio). No visible **pericardial** free fluid was noted. Subjective mild volume pleural free fluid was present. Hypoechoic, primarily uniform mass was present in the area of the cranial **mediastinum** measuring approximately 5.0-6.0 cm in diameter. Associated regional hyperechoic reactive tissue within the area of the cranial thorax to mediastinum was noted.

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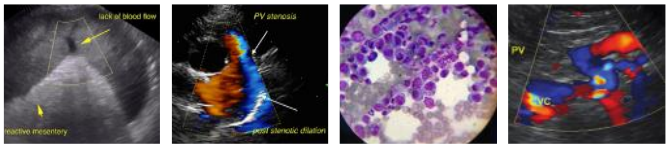

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ULTRASONOGRAPHIC FINDINGS

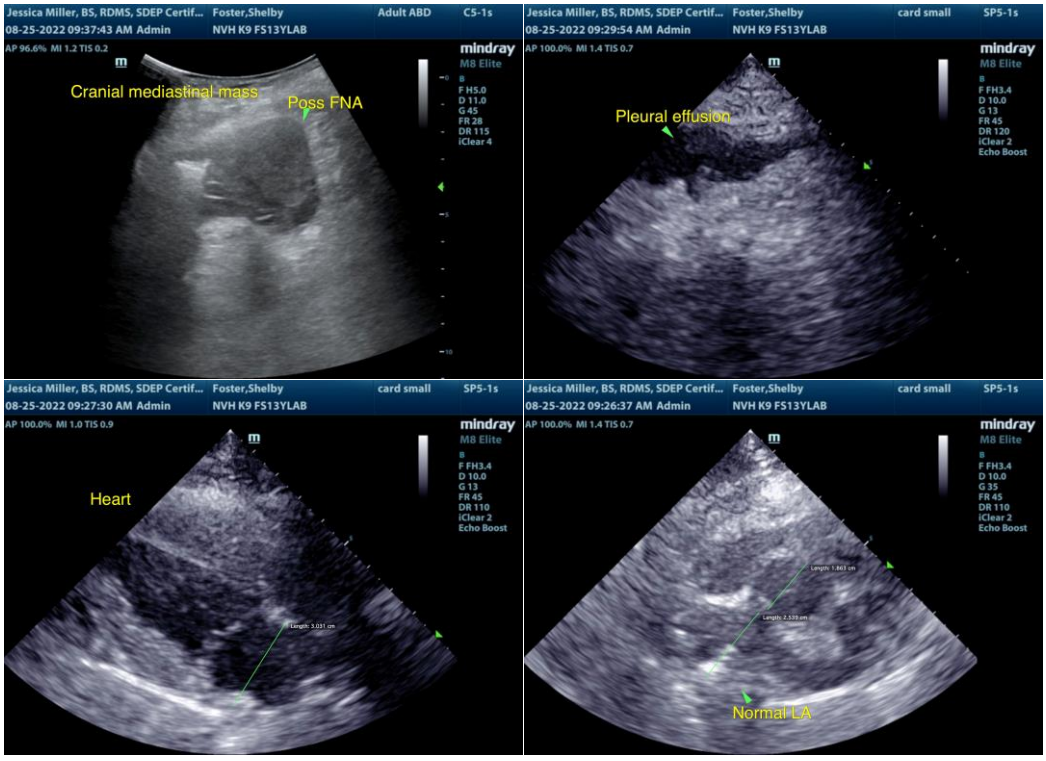
- Overtly normal cardiac structure with mild LV hypocontractility - systemic disease, age-related variant, sedation if clinically applicable, or less likely athletic state can present in this manner, DCM criteria was not met
- Hypoechoic cranial mediastinal mass
- Mild volume pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study confirms the presence of a hypoechoic mass which may coincide with primary cranial mediastinal or cranial thoracic neoplasia, or lymphadenopathy, with less likely non-neoplastic etiologies such as granuloma or other.

Assuming normal clotting status and if accessible, ultrasound-guided FNA of the cranial mediastinal mass is recommended for screening cytology. Thoracic CT Is likely ideal for further assessment if possible. Abdominal ultrasound to assess for or rule out concurrent or primary intraabdominal pathology is recommended.

No indication for cardiac medications. A very guarded prognosis pending additional diagnostics.



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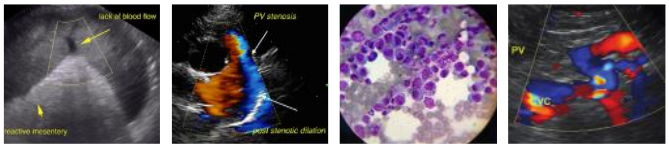

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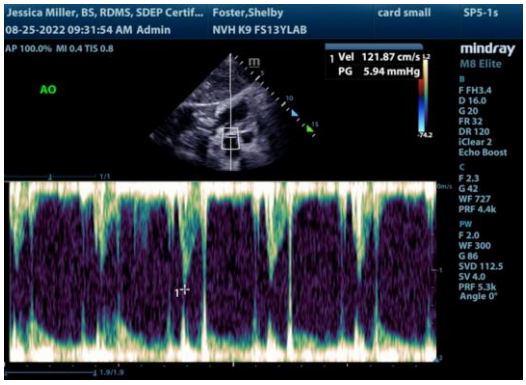

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com