
PATIENT

Simba Siddique

PRESENTING CLINICAL SIGNS

lung nodules noted on rads(report attached). FNA taken of possible nodule/LN

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 years

WEIGHT

16 lbs.

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 | | 196 | 0.38 | 1.5 | 0.41 | 44.7 | 79.4 |
| 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 | 1.3 | 1.1 | 1.3 | | 1.0 | 0.7 | 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 | | | | | | | |

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

**IMAGING
 PERFORMED BY**

Kelly Reshny, RVT

HOSPITAL NAME

Collegeway AH

REFERRING VET

Dr. Hanna

INVOICE

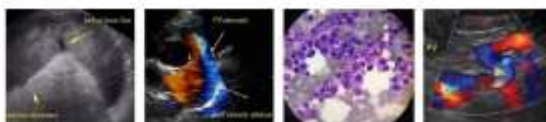
12153

DATE

9/1/21

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 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. The cranial **mediastinum and pericardial regions** were free of masses in the visible window. Sonographic assessment of the peripheral lung field revealed focal hypoechoic subjectively solid peripheral pulmonary nodule, measuring approximately 0.62 cm in diameter. The pulmonary nodule appeared to be moving with patient breathing.



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ULTRASONOGRAPHIC FINDINGS

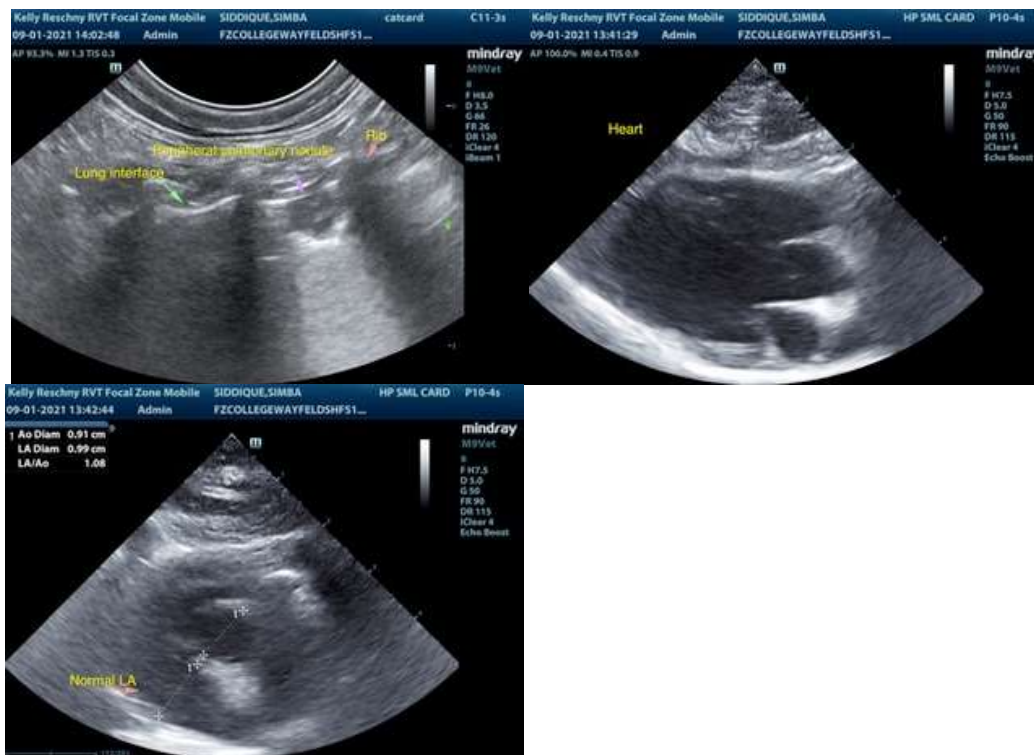
Primary Findings

- Normal echocardiogram
- Focal subjectively solid hypoechoic peripheral pulmonary nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific, considerations for the pulmonary nodule may include neoplasia, granuloma, infection / inflammation, consolidated cyst / abscess, or other. Concern for neoplasia is warranted although not definitive.

Ultrasound guided FNA of the peripheral pulmonary nodule was obtained for screening cytology. However, If nondiagnostic lower airway sampling and/or thoracic CT may be required for further clarification.



The information and recommendations provided are based on the images presented by the 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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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