



PATIENT

Tanner Irish

PRESENTING CLINICAL SIGNS

History: Swollen abdomen. Ascites. Lethargic. 600ml abdominal fluid removed earlier this week. AUS showed ascites, hepatomegaly. Mass on heart. Pericardial effusion.

SPECIES

Canine

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Cardiomegaly. Ascites.

BREED

English Bulldog

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Large volume pericardial effusion with diastolic collapse of the right atrial wall consistent with cardiac tamponade. Large hypoechoic mass associated with the heart base; 8.3 x 5.0cm in best-viewed dimension. Mild thickening of the mitral valve with no prolapse. Mild mitral regurgitation. LV is normal in diameter. LV function is adequate. Left atrium is normal, although the chamber is obstructed by the mass. Mild TR. Mild right heart enlargement. The pulmonic and aortic valves are normal in appearance. Normal pulmonic and aortic outflow velocities. No pleural effusion noted.

AGE

7 years

CARDIAC CHART

WEIGHT

83.2lbs

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	<1.6	28-40	40-100	<0.6
PATIENT	NM	NM	1.1	nm	36	70	NM
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	BELOW	BELOW	BELOW	BELOW
PATIENT		1.8	1.7	37.7	nm	3.9	2.5
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

A. Nicastro, DVM

HOSPITAL NAME

Kind Care Animal Hospital

REFERRING VET

Dr. Stengel

INVOICE

46454

DATE

1/14/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac neoplasia is identified associated with the heart base. The most likely tumor type given this location is a chemodectoma, particularly in light of the predisposed signalment. Other differentials cannot be ruled out, including hemangiosarcoma or ectopic parathyroid tumor. The patient is in cardiac tamponade likely secondary to hemorrhage from the tumor causing poor cardiac output and active congestion/ascites. An alternative explanation would be that the mass is significantly obstructing peripheral vascular flow; however, a **pericardiocentesis is required regardless**. A cytology is recommended in such of a definitive diagnosis depending on fluid appearance. There is also mild valve disease present, which is hemodynamically insignificant.



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SEX

Male Neutered

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WEIGHT

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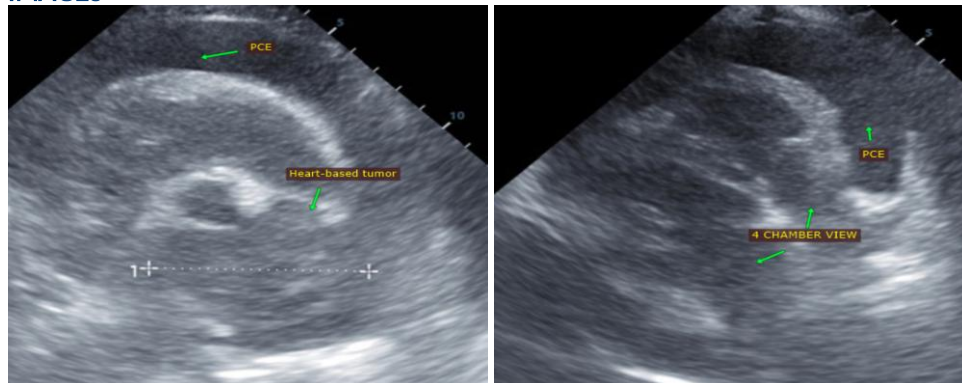
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Typically, the prognosis with cardiac chemodectomas is fair, with an MST of 1-2 years. **It must be noted however that due to the size of the mass this is considered a much more grave outcome.** The limiting factor is often recurrent hemorrhage, and a pericardial window or subtotal pericardectomy may relieve clinical signs. Other sequelae include impingement of cardiac blood flow secondary to tumor growth, or metastasis to the thorax or abdomen. Full systemic evaluation is advised. FNA may be useful. Finally, consultation with an Oncologist or Internist may be indicated to explore Chemotherapy and/or radiation treatment options.

No cardiac medications are clearly indicated at this time. IV fluids maybe help to stabilize the patient depending on chronicity of symptoms and clinical evidence of volume depletion. Prognosis is guarded to poor long term, with risk for recurrent pericardial bleeds, development of arrhythmias and/or sudden death going forward.

Recheck echocardiogram is recommended in 2-3 months to reassess tumor dimension, sooner if recurrent clinical issues.

IMAGES



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. This report was generated using transcription software, and minor dictation errors may be present. 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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