



**PATIENT**

Roxy Sanchez

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

21lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

G. Ferrer, DVM

**HOSPITAL NAME**

Pulse: Pet Ultrasound  
Services

**REFERRING VET**

Dr. Montanez

**INVOICE**

46463

**DATE**

1/15/26

**PRESENTING CLINICAL SIGNS**

History: Abdominal distention/ascites. Decreased appetite.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Scant pericardial effusion. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild mitral regurgitation with slight left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Borderline velocity. The right atrial and ventricular chambers are mild to moderately enlarged. A large hypoechoic mass is seen associated with external surface of the right heart versus the aortic root (5.8 x 4.0cm in best viewed cross section). No obvious tamponade is seen. The MPA is mildly dilated. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency.

**CARDIAC CHART**

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	2.8	NM	1.4	46	79	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	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	0.7	0.9	9.5	1.9	2.8	1.5
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				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)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cardiac neoplasia is identified associated with the external surface of the heart. An origin is difficult to determine as the mass is seen adjacent to the right atrium and ventricle; however, this may be stemming from the heart base. The size and compressive nature is more consistent with a chemodectoma; however, a hemangiosarcoma cannot be ruled out. Pericardial and abdominal effusion are present, likely consistent with compression. A tumor bleed cannot be ruled out as a contributing issue, although without tamponade this would not explain ascites. Highly recommend advanced imaging in this case, such as a thoracic CT scan for further evaluation. If declined, full cardiac support is recommended as below.



## PATIENT

Roxy Sanchez

## SPECIES

Canine

## BREED

Miniature Schnauzer

## SEX

Female Spayed

## AGE

12 years

## WEIGHT

21lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

G. Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound  
Services

## REFERRING VET

Dr. Montanez

## INVOICE

46463

## DATE

1/15/26

If confirmed, the prognosis with cardiac hemangiosarcoma is poor, with an MST of only 2-3 months. A chemodectoma typically has a better long-term outcome; however, the size of the mass independent of a diagnosis would confer a grave prognosis. Consider screening for ancillary lesions through systemic workup. Chemotherapy and/or radiation can also be discussed with an Oncologist and may extend average survival time. Patients with cardiac neoplasia are at high risk for recurrent hemorrhage and development of tamponade, malignant arrhythmias/sudden death in the future.

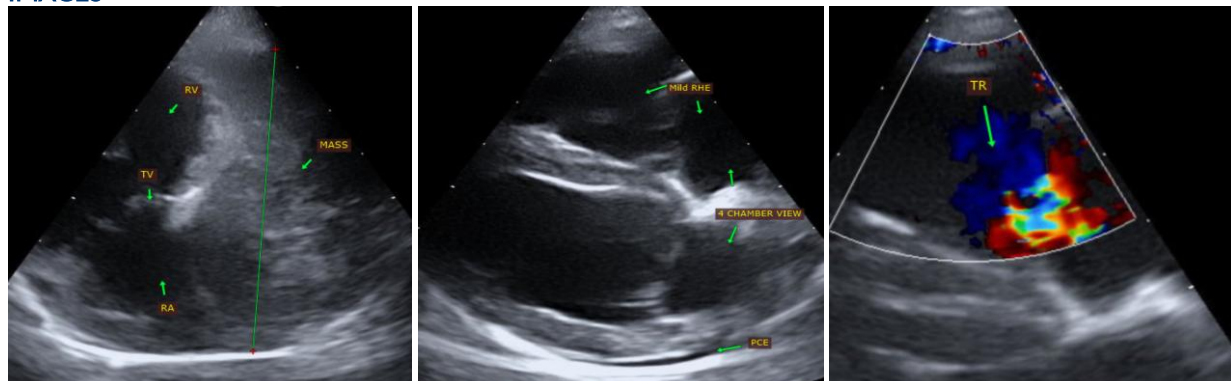
Over the counter herbal supplement Yunnan Baiyao may help decrease risk of bleeding, however true benefit is speculative (1 capsule PO BID).

## PLAN

Consider advanced imaging in this case, such as a thoracic CT scan. Full systemic evaluation is recommended. If declined, consider cardiac support as follows: Administer Lasix 1mg/kg PO q12h. Administer Spironolactone 1-2mg/kg PO q12h. Administer Pimobendan 0.3mg/kg PO q12h.

Reassess tumor dimension in 1-2 months, sooner if recurrence of clinical signs. **If QOL suffers at any time, euthanasia should be elected.**

## 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.

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com