



PATIENT

Gaminis Roque

SPECIES

Canine

BREED

Bulldog

SEX

Female Spayed

AGE

7 years

WEIGHT

52lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound
Services

REFERRING VET

Dr. Colon

INVOICE

28471

DATE

1/20/23

PRESENTING CLINICAL SIGNS

History: Not been doing well at home with decrease appetite and respiratory issues. No murmur.
-Abnormal PE/Chem/CBC/UA Results: CBC and CHEM were unremarkable.
-Radiographs: Showed ascites, pulmonary edema without visualization of the heart. Suspect cardiomegaly.

ECHOCARDIOGRAM FINDINGS *Image quality limited by patient confirmation.

2D, m-mode, color flow and doppler imaging is available. Extensive and infiltrative soft tissue lesions obscure normal cardiac anatomy. A large heterogenous mass can be seen suspected to be stemming from the heart base with compression of the distal PA. The right heart appears enlarged, likely secondary to compression. Soft tissue lesions are appreciated in both the left and right atria, most consistent with tumor infiltration; however, thrombi cannot be ruled out. The LA is enlarged, although obscured by the lesions. Mild TR is appreciated. No pericardial or pleural effusion are seen in this image set.

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	NA	NM	NM	2.0	39	72	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	NM	0.9	0.8	23.8	3.8	4.1	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)
				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

Primary cardiac neoplasia is identified leading to right-sided congestive heart failure (ascites). The mass is compressing the distal pulmonary artery and appears to have infiltrated both atria. An alternative rule out for the intra-cardiac lesions would be thrombi formation; however, this is considered less likely in light of the large mass. What is seen here is certainly considered end-stage disease, with development of ascites and deteriorating quality of life.

Given the size of the mass and signalment, the likely diagnosis is a chemodectoma; however, the size of the mass does not allow for exact root identification. Other possibilities, such as hemangiosarcoma cannot be ruled out. The issue is more of a mechanical obstruction than true



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pulmonary hypertension, and sildenafil will likely be of little benefit. The best we can do is remove the effusion through tapping when needed, and use medications for congestive heart failure to help slow fluid accumulation. **An alternative approach to this case should also be considered, which would be humane euthanasia.**

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Going forward if the owner elects to proceed, a thoracic CT scan is strongly recommended with consultation with an Oncologist.

BREED

Bulldog

Unfortunately this is an end-stage condition at this juncture, as the patient has experienced fluid retention with intra-cardiac lesions. **The prognosis is grave at this juncture.** High risk will always remain for recurrent effusions (pericardial, pleural or abdominal), hemorrhage within the pericardium, and/or development of arrhythmias/sudden death at home. Monitor at home for progressive abdominal distention, labored breathing and/or lethargy and collapse.

SEX

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PLAN

Euthanasia is likely the most reasonable option in this case. If declined, consider abdominocentesis as needed (i.e. when patient becomes dyspneic, uncomfortable and/or anorexic). Administer Furosemide 1-2mg/kg PO q12h. Administer Spironolactone 1-2mg/kg PO q12h. Administer ACEI 0.5mg/kg PO q12h. Administer Pimobendan 0.3mg/kg PO q12h. Consider referral for a CT and Oncology evaluation.

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A renal panel and BP are recommended in 1-2 weeks, then every 3-4 months going forward.

A recheck echocardiogram to reassess mass dimension and heart size is recommended in 2-3 months.

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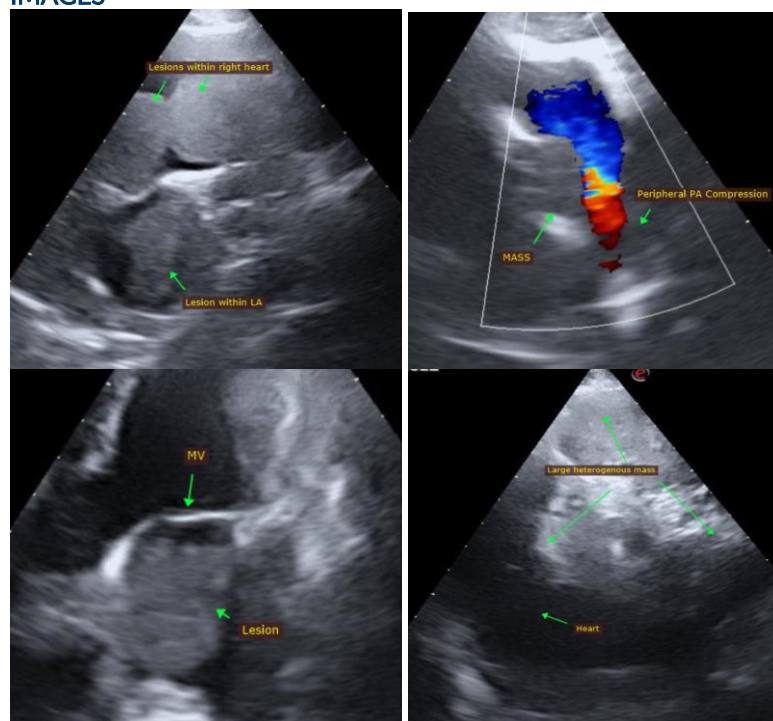
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IMAGES





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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.

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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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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