


PRESENTING CLINICAL SIGNS

History: Difficulty breathing. Pericardial effusion noted.

DATE

1/6/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Fred Gromalak

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. There is an ~3.54 cm x 3.41 cm homogeneous mass at the heart base best seen adjacent to the aorta and left atrium. A very small volume of pericardial effusion is present.

ECG during echo: Sinus arrhythmia

PATIENT

Jasper Wagerbauer

 LA - 32.2 mm
 LVIDd - 24.9 mm
 LVIDs - 13.3 mm
 FS - 46.6%
 RA - 23.2 mm
 LVOT - 1.75 m/s
 RVOT - 0.93 m/s
 TR - 2.22 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

 Heart base mass
 Degenerative mitral and tricuspid valve disease

BREED
SEX
MN
AGE

9 y

WEIGHT

20 lb

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Gromalak

This examination demonstrates a mass located at Jasper's heart base. While a biopsy would be required to confirm the etiology of the mass, its location and appearance are suggestive of the presence of a chemodectoma. These tumor types tend to be locally invasive, but uncommon to metastasize. They most often result in clinical signs secondary to bleeding from the mass into the pericardial space or obstruction of flow in a blood vessel or cardiac chamber. No evidence of obstruction is seen in this exam, therefore, this does not appear to be the cause of Jasper's difficulty breathing. There is a very small amount of pericardial effusion present, suggesting that Jasper's mass has bled. The amount of effusion is not enough to result in cardiac tamponade and secondary difficulty breathing, however, it's possible that more pericardial effusion could have been present and was either resorbed or removed via pericardiocentesis.

Also seen in this exam is mild regurgitation of blood across Jasper's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of each of the regurgitations also appear to be mild, as Jasper does not have secondary dilation of any of his cardiac chambers. As such, Jasper's valvular diseases appear to be well-compensated, and do not appear to be contributing to his difficulty breathing.

Thoracic radiographs and an abdominal ultrasound are recommended to evaluate for metastatic disease, as well as other possible causes of difficulty breathing.

Consultation with an oncologist may be warranted to discuss whether stereotactic radiation or chemotherapy could potentially be beneficial treatment options for Jasper's mass.

Pericardiocentesis is not recommended at this time, as so little pericardial effusion is present.



No therapy is recommended at this stage of Jasper's valvular diseases.

DATE

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A recheck echocardiogram is recommended in 3-4 months, sooner if new clinical signs compatible with cardiac tamponade (ex. lethargy, weakness, collapse, abdominal distension, vomiting, labored breathing) develop.

PERFORMED BY:

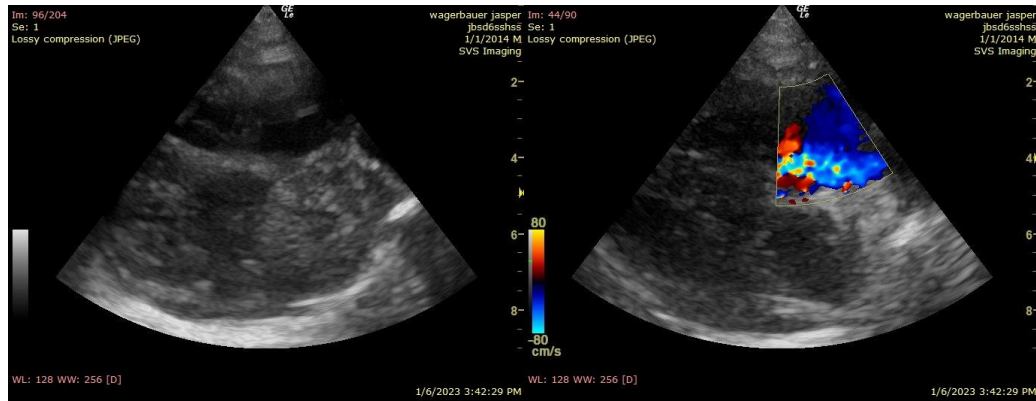
Dr. Fred Gromalak

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PATIENT

Jasper Wagerbauer



SPECIES

Canine

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.

BREED

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SEX

MN

AGE

9 y

WEIGHT

20 lb

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