



DATE **PRESENTING CLINICAL SIGNS**

11.17.25 History: Recheck echo. History of a 2.5 X 2.0cm heart-based mass. Asymptomatic. Chronic leishmaniasis - titer 112 (9/15/25 Univ. Cornell)

PATIENT

Mabel Felts
-Current medications: Allopurinol 150mg bid
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (5/12/25 MML): Small non-compressive chemodectoma; otherwise, normal dimensions and function.
-STAT: Not requested.

SPECIES

Canine

BREED

English Bulldog

SEX

FS

AGE

3.21.17

WEIGHT

35.6lbs

INTERPRETED BY

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DVM, DACVIM
(Cardiology)

HOSPITAL NAME

Essex Middle River
Veterinary Center

REFERRING VET

Dr. Zulty

ECHOCARDIOGRAM FINDINGS

2D, mode, color and spectral doppler imaging is available. Small uniform hypoechoic lesion associated with the heart base, 3.5 x 3.5cm in best viewed cross section. The mass is well encapsulated adjacent to the pulmonary artery/aortic root. No chamber imposition is seen. The LV dimension and function are normal. Left atrium is normal. No MR. No significant right heart or MPA enlargement appreciated. Trace TR. Normal velocity. No right heart or MPA enlargement. The pulmonic and aortic valves are normal in appearance. No pericardial or pleural effusion.

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	2.7	NM	1.3	30	60	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	80	0.7	0.8	16.1	2.6	3.4	2.3
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INVOICE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Persistently normal cardiac dimensions and function. The previously diagnosed heart-based tumor has increased in size, which is concerning going forward. The mass remains non-infiltrative, and no obvious evidence of compression is seen. No additional structural issues have developed.

Follow up and treatment for the suspect chemodectoma is dictated in the prior report. These options remain the recommendation, through advanced imaging, systemic screening, etc. Chemotherapy can be discussed with an Oncologist as well.

No medication are indicated. Should the tumor continue to grow and compress or impinge on the right heart, this may become an issue in the future. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

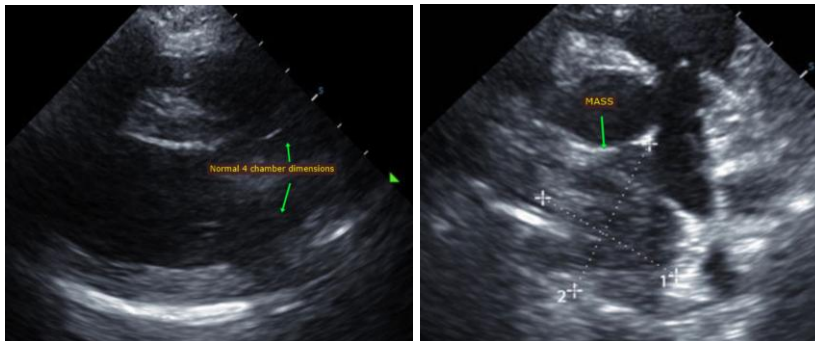
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

No indication for cardiac medications. Consider further workup/treatment as described in the prior report.

Reassess tumor size via echocardiography in 4-6 months, sooner if clinical signs arise.

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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