


PRESENTING CLINICAL SIGNS

DATE History: Upon induction for dental procedure, developed ventricular bigeminy. Limited response to lidocaine. Radiographs suspicious for heart base tumor and mass effect in cranial abdomen. Started mexiletine 200 mg TID.

12/10/21

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY: 2D, M-mode, and Doppler study.

Pamela Harrigan,
RDCS

There is mild to moderate left atrial dilation. The mitral valve leaflets are mildly thickened, and a mild to moderate jet of eccentric mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic 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 is consistent with the presence of very mild pulmonary hypertension (PG 34.8 mmHg). The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. There is an ~5.0 cm x 3.8 cm homogeneous mass at the heart base adjacent to the left atrium and ascending aorta. No pericardial effusion is seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT LA – 53.3 mm
LVIDd – 48.1 mm
LVIDs – 31.7 mm
FS – 34%
RA – 39.3 mm
LVOT – 1.50 m/s
RVOT – 0.95 m/s
TR – 2.95 m/s

Pong Abat

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

BREED

Bulldog HR: 150 bpm
Rhythm: Sinus with VPCs and an APC

SEX

FS

The underlying rhythm is sinus in origin. All sinus complex amplitudes and intervals are within normal limits. There are frequent VPCs present, almost all of which are arranged in a bigeminal or trigeminal pattern. A single APC is present. No conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

AGE Degenerative mitral and tricuspid valve disease
Pulmonary hypertension
11 y Heart base mass
Ventricular premature complexes (VPCs)
Atrial premature complex (APC)

WEIGHT

77.6 lb

This examination demonstrates regurgitation of blood across Pong's mitral and tricuspid valves resulting from degenerative valve disease, as well as a mass located at her heart base. Pong's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Pong has mild to moderate mitral regurgitation present, with mild to moderate secondary dilation of her left atrium and mild dilation of her left ventricle, as well as very mild secondary pulmonary hypertension. Pong's mitral valve disease is still compensated, however, careful monitoring of her respiratory rate/effort is recommended, and I can't rule out her disease as a contributor to her arrhythmia. While a biopsy would be required to determine the etiology of Pong's heart base mass, this location in bulldogs is highly overrepresented by

HOSPITAL NAME

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REFERRING VET

Dr. Pietsch



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chemodectoma, which tends to be a locally invasive tumor type that is uncommon to metastasize. It's possible that Pong's tumor could be contributing to her arrhythmia, and it also puts her at risk for pericardial effusion formation and potentially obstruction to blood flow.

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Pamela Harrigan,
RDCS

Pong's ECG shows that her arrhythmia does not appear to be well-controlled, as ventricular bigeminy and trigeminy are present throughout the recording.

I recommend adding sotalol (40 mg BID) to Pong's current therapy with mexiletine, as well as pimobendan (10 mg BID). Consultation with an oncologist can be considered to determine whether chemotherapy and/or radiation therapy could potentially be beneficial as treatment for Pong's heart base mass.

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MS, DACVIM
(Cardiology)

A recheck ECG is recommended in 2 weeks. Strict exercise restriction is recommended until the recheck. A recheck echocardiogram is recommended in 6 months. Repeat thoracic radiographs are recommended if clinical signs compatible with congestive heart failure develop.

PATIENT

Pong Abat

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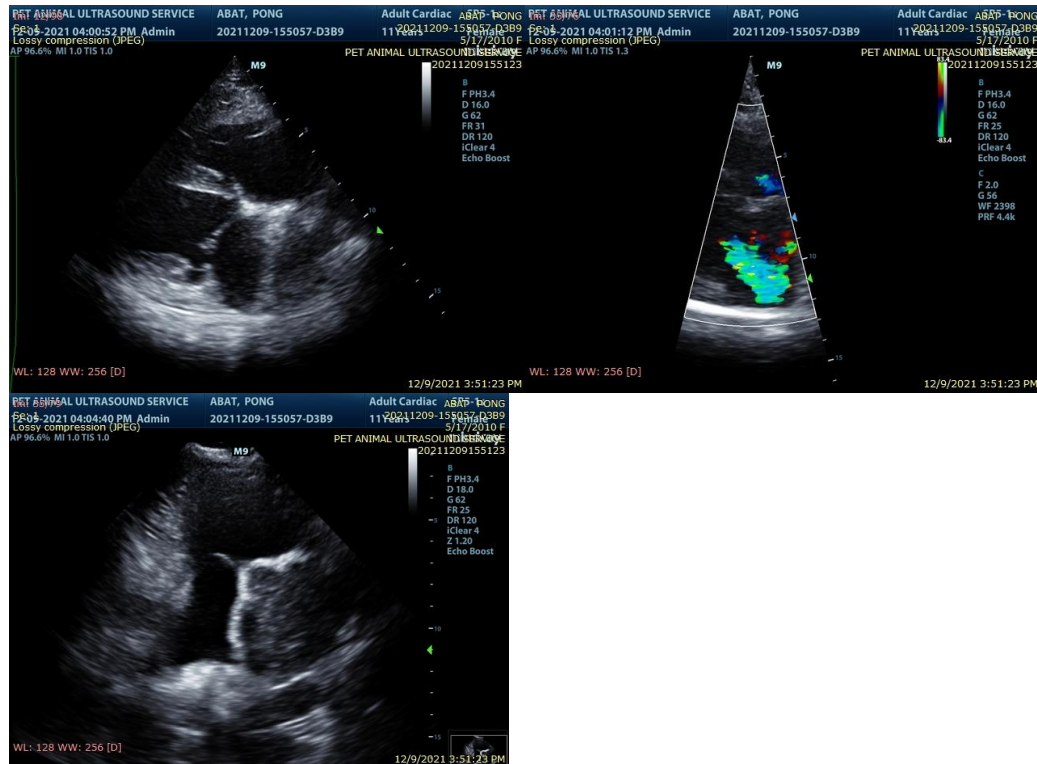
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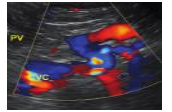
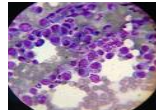
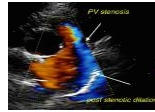
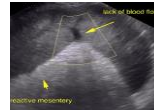
Dr. Pietsch



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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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PERFORMED BY:

Pamela Harrigan,
RDMS

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Keith Blass, DVM,
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