



PATIENT

Hurley Booth

SPECIES

Canine

BREED

English Bulldog

SEX

Male Neutered

AGE

3 years

WEIGHT

72.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Meredith Swart, DVM

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart

INVOICE

46260

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Diagnosed elsewhere a couple months ago with possible cardiomegaly (prior CXR not available): Was started on Vetmedin 10mg and 80mg Lasix BID. No murmur was auscultated

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Uniform echogenicity mass associated with the aortic root, 2.8 x 3.2cm in largest cross section. The mass is well encapsulated and near the base of the aortic root (see below) overlying the LA. No obvious infiltration into the LA is seen nor suspected, given views free of tumor. No obstruction to blood flow is seen at this time. No mitral regurgitation, normal mitral valve. No TR. The right heart is normal. LV function is adequate. Left atrium is normal. LV is normal in diameter. The pulmonic and aortic valves are normal in appearance. No AI or PI identified. 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			1.2	1.1	33	64	0.5
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	1.0	0.9	33.0	2.2	2.8	1.8
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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

Suspect cardiac neoplasia associated with the aortic root. The most likely tumor type given this location and the signalment is a chemodectoma; however, other differentials cannot be ruled out. Chemodectomas are often incidental findings, as is the case here. Given the breed and lack of pericardial effusion, it is difficult to definitively evaluate the remainder of the aortic body, and a thoracic CT may be helpful to screen for other lesions, assess for peripheral congestion, etc. The underlying cardiac structure and function are normal in this case with no pathology appreciated.

The prognosis with cardiac chemodectomas is fair, with an MST of 1-2 years. The limiting factor is often hemorrhage into the pericardium. Other sequelae include impingement of cardiac blood flow secondary to tumor growth, or metastasis to the thorax or abdomen. Chemotherapy and/or radiation therapy can also be discussed with an Oncologist.



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Mild activity restriction and omega fatty acid supplementation are recommended in any arrhythmic patient.

SPECIES

Canine

No cardiac medications are indicated at this time. Pimobendan and Lasix can be safely discontinued. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

BREED

English Bulldog

PLAN

Discontinue Pimobendan and Lasix. Consider advanced imaging as discussed. Consider consultation with an IM or Oncology Specialist for possible treatment options.

SEX

Male Neutered

Recommend reassess tumor size in 6 months, sooner if clinical signs arise.

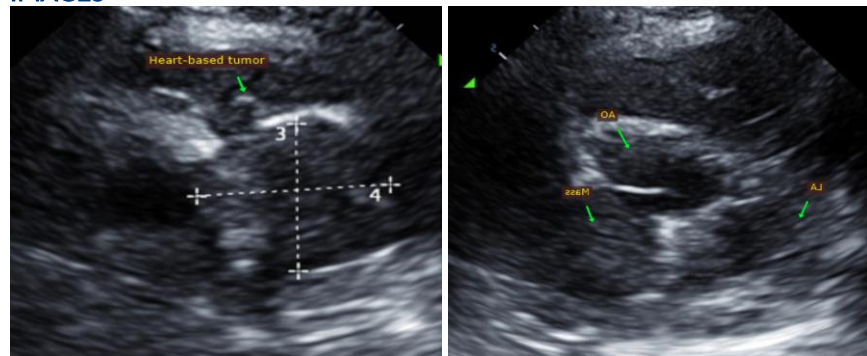
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IMAGES



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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.

IMAGING PERFORMED BY

Meredith Swart, DVM

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.

HOSPITAL NAME

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