



PATIENT

Abu Carrillo

SPECIES

Canine

BREED

Lab Mix

SEX

Female Spayed

AGE

6 years

WEIGHT

75lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Walker

INVOICE

22248

DATE

12/2/21

PRESENTING CLINICAL SIGNS

History: Inappetence. No heart murmur.
Abnormal PE/Chem/CBC/UA Results: CBC: High Neu/WBC Chem: unremarkable.
-Radiographs: Dorsal displacement heart and trachea, soft tissue opacity blocking visibility of the heart. Pleural effusion.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickened mitral valve with no obvious prolapse into the left atrial lumen. Mild central mitral regurgitation with mild left atrial enlargement Normal LV diameter with borderline myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. No obvious TR. No significant right heart enlargement or compression. The pulmonic and aortic valves are normal in morphology and mobility. Normal RVOT/LVOT outflow velocities; laminar flow. No aortic or pulmonic insufficiency. No obvious pericardial effusion. Large mixed echogenicity soft tissue lesion is suspected adjacent to the heart base although the exact location/origin cannot be determined in this image set. Suspected to be extra-pericardial which is more consistent with a mediastinal abnormality.

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	NA	NM	1.5	29	56	0.44
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	130	0.6	1.83	34.0	3.5	3.6	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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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

A soft tissue lesion is suspected near the heart base. The mass is suspected to be extra-pericardial in origin, which would make a mediastinal origin most likely. That being said, this is certainly not definitive, and a heart base mass is also a possibility (chemodectoma). There is no clear cardiac chamber or vessel impingement identified (normal LVOT/RVOT velocities, etc.); however, this can certainly develop in the future. There is also mild chronic valve disease present with mild MR and mild left atrial enlargement.



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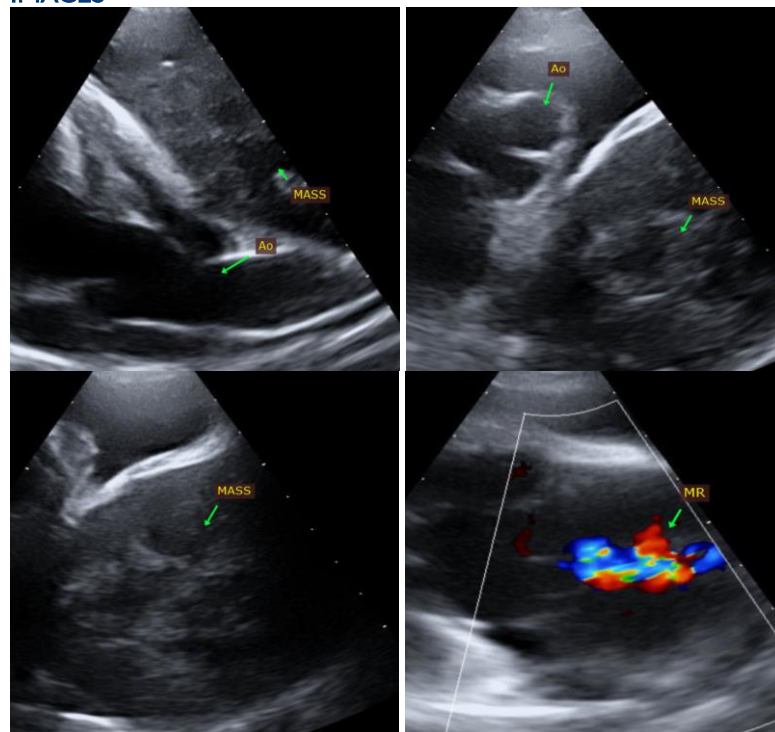
12/2/21

Further diagnostic imaging is highly recommended to understand the definitive origin and thoracic involvement of the mass. If not recently performed, the chest radiographs should be repeated following an aggressive tap and submitted for Radiologist review in light of echo findings. A thoracic CT scan, advanced/focused thoracic imaging by a Radiologist or Internist, full systemic evaluation in search of a definitive diagnosis and/or potentially FNA/biopsy may be warranted. Once a diagnosis is confirmed or at least highly suspected based upon further imaging, treatment options can be discussed (surgery, chemotherapy, etc.). No obvious indication for Lasix or other cardiac supportive medications at this time. Prognosis is guarded to poor given the size of the mass.

Plan: No medications are clearly indicated. Further evaluation is recommended: full systemic evaluation including AUS, aggressive thoracocentesis followed by CXR with Radiologist review, thoracic CT/focused ultrasound, FNA, etc. depending on results.

Reassess based upon clinical progression. If stabilized, reassess CVD in 6-12 months.

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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