



PATIENT

Chibbs Santos

SPECIES

Canine

BREED

French Bulldog Mix

SEX

Male Neutered

AGE

10 years

WEIGHT

31.7lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Clarkson Village
 Animal Hospital

REFERRING VET

Dr. Bloomberg

INVOICE

45960

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: Experiencing polydipsia and polyuria and has history of kidney disease. Grade I/VI heart murmur. Lab work: mildly elevated SDMA, ALP, low thyroid hormone levels & Urinalysis.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Large hypoechoic mass adjacent to the aortic root; 3.2 x 4.6cm in best-viewed cross section; however, the margins are ill-defined. The mass is near the bifurcation of the pulmonary artery adjacent to the left atrium. Peripheral PA compression is not ruled out in this image set. There is moderate mitral regurgitation. Normal velocity. Mildly thickened mitral valve with no prolapse. LV function is normal. Left atrium is mildly enlarged. Mildly thickened TV with no TR. The pulmonic and aortic valves are normal in appearance. Normal LVOT and RVOT velocity. 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	5.0	NA	1.1	1.4	30	54	0.4
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	108	0.7	0.8	14.4	2.5	3.7	2.6
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is moderate mitral regurgitation, consistent with chronic degenerative valve disease. The LA is only mildly enlarged, suggesting relatively low risk for complication. Of additional concern, a large mass is identified associated with the aortic root. A chemodectoma is supported, given the size and location of the mass, in addition to patient signalment. Chemodectomas are often incidental findings (as is suspected here), only causing clinical signs if blood flow is obstructed, pericardial effusion occurs, or a metastatic lesion causing systemic issues. It is difficult to definitively evaluate the mass peripherally (i.e., cannot rule out peripheral obstruction of flow through distal PA's) and a repeat CT may be helpful to screen for true extent. The mass is quite large in dimension; however, in an asymptomatic dog, there is likely little clinical consequence at this time.

The prognosis with cardiac chemodectomas is typically fair. That being said, this mass is quite large and is expected to progress to causing clinical compromise. The limiting factor is often



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hemorrhage into the pericardium, impingement of cardiac blood flow secondary to tumor growth, or metastasis to the thorax or abdomen. An AUS should be performed to screen for any metastatic lesions.

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As the tumor increases in dimension, there is risk for right-sided congestion (ascites/effusions), a clinical cough, increasing pulmonary pressures and syncope with exertion. Monitoring is advised.

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Even with these findings, no medications are indicated at this time.

SEX

Male Neutered

Recommend referral in this case for advanced thoracic imaging to understand the full extent of the mass. Additionally, full systemic evaluation is recommended to screen for metastatic issues. Finally, there are some treatment options with this particular type of mass and consultation with an IM or Oncology Specialist is recommended.

AGE

10 years

Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

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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. Prognosis is guarded long-term.

Anesthesia is not advised.

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 DVM DACVIM
 (Cardiology)

PLAN

Recommend referral, systemic evaluation, etc.

If referral is declined, recheck tumor size via echocardiography in 3-4 months, sooner if clinical signs arise.

IMAGING PERFORMED BY

Kelly Reschny, RVT

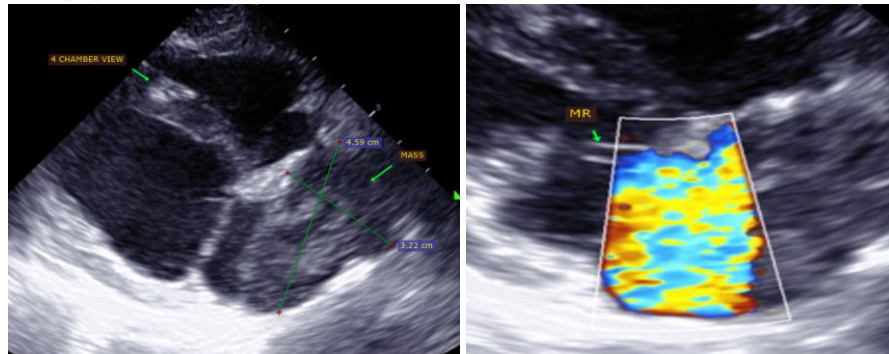
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

DATE

12/2/25

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.

Maggie Machen Lamy, DVM
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