



**PATIENT**

Sterling Nacar

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

76lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Eastham Veterinary  
Hospital

**REFERRING VET**

Dr. Couture

**INVOICE**

22307

**DATE**

12/6/21

**PRESENTING CLINICAL SIGNS**

History: Originally presented in November 2021 for hacking cough - treated with Doxycycline and Temaril P. Was initially responsive but re-presented for a persistent cough. Chest radiographs show possible heart enlargement and mass effect. Started on Enalapril and Lasix with minimal improvement.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is normal with adequate myocardial function. LV thicknesses are normal.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. No eccentric mitral regurgitation.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** The RV is normal.

**Right atrium:** The RA appears compressed/volume underloaded in some views. The cranial vena cava appears compressed just proximal to entry into the right atrium.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal pulmonic velocity; laminar flow.

**Pericardium/other:** No pericardial or pleural effusion noted. A large, relatively homogeneous mass is seen adjacent to the right heart (9.8 x 7.6cm in best-viewed cross section). The mass can be seen extending towards the diaphragm.

**2-Dimensional Measurements**

Ao diam (cm)	2.3
LA diam (cm)	2.5
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.2
LVID diastole (cm)	3.3
PW thickness (cm)	1.2
LVID systole (cm)	2.4
FS (%)	27

**Doppler Measurements**

PV Vmax (m/s)	0.4
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

This study confirms a large thoracic mass adjacent to the right heart. The cranial vena cava appears to have evidence of early compression with either volume underloading or compression of the right atrium as well. The remainder of the cardiac structure and function appears normal; however, there is great concern for progressive compression in this case. The exact origin of the mass is difficult to identify in this study; however, an extra-pericardial location is suspected (mediastinum v pulmonary v other). A heart-based tumor such as chemodectoma cannot be entirely ruled out as an origin, although is considered less likely. No additional issues are identified.

Further evaluation is advised through focused Radiologist film review, thoracic ultrasound, FNA (if considered safe), and/or thoracic CT scan to fully understand the location and extent of the tumor and help dictate possible treatment options. Given early caval



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congestion, consider use of Spironolactone and an ACE-I in this case as there is risk for congestion going forward. No obvious indication for additional medications. Consider referral to an Internal Medicine Specialist or Oncologist.

**SPECIES**

Canine

QOL is of the utmost importance in this case, and the best way to approach the cough is through hydrocodone therapy. The symptom is due to mechanical obstruction, and may continue to worsen despite therapy.

**BREED**

Pitbull

**RECOMMENDATIONS**

- Institute Spironolactone 1-2mg/kg PO q12h.
- No obvious indication for Lasix therapy.
- Continue ACE-I 0.5mg/kg PO q12h.
- Consider hydrocodone as discussed.
- Further evaluation/referral as discussed.
- 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.

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**PLAN**

- Recheck echocardiogram in 6 months pending outcome of further evaluation.

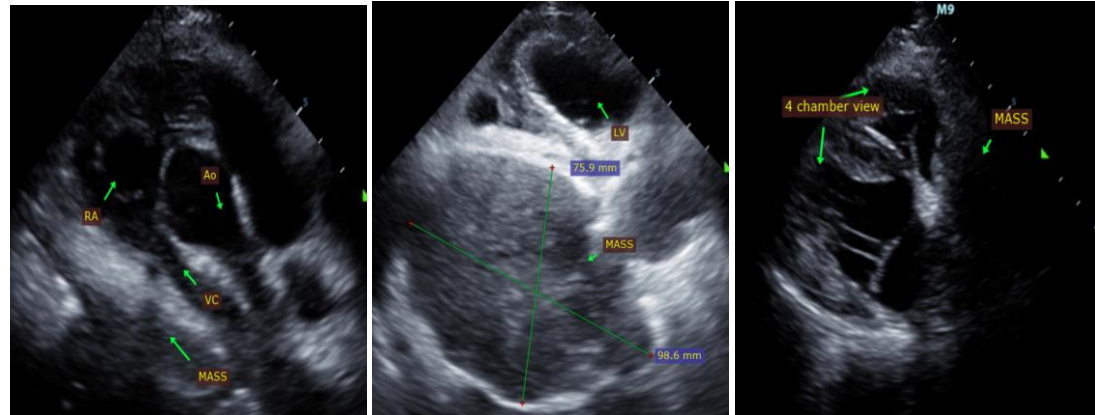
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**HOSPITAL NAME**

Eastham Veterinary  
 Hospital

**REFERRING VET**

Dr. Couture

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.

**INVOICE**

22307

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