



PATIENT

Bear Hanke

PRESENTING CLINICAL SIGNS

History: Pericardial effusion (10/17/21).

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Homogeneous hypoechoic mass associated with the right AV groove and right atrial free wall; 3.9cm x 4.0cm in best viewed cross section. The mass can be seen mildly occluding flow through the right atrium; however, an intra versus extra-chamber origin cannot be definitively identified, and either is possible. Trivial mitral regurgitation with mild mitral valve thickening. No obvious TR. The LV dimension and function are adequate for this breed. Left atrium is normal in diameter. The pulmonic and aortic valves are normal in appearance. Normal outflow velocities. No pericardial effusion. No pleural effusion.

BREED

American Bull Terrier

SEX

Male Neutered

CARDIAC CHART

AGE

8 years

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	NM	NA	1.47	1.3	29	58	0.48
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	120	1.6	0.94	37.6	3.1	4.2	3.0
*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)

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Thompson

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac neoplasia associated with the right atrium/AV groove. Whether the tumor is compressing the right atrium from a purely extra-cardiac origin or is infiltrating the chamber cannot be identified nor does it make a significant difference in this case. The most likely tumor type given this location is a hemangiosarcoma (HSA) with other possibilities much less likely. Pericardiocentesis was performed to relieve acute symptoms, and there is no obvious rebleeding seen here. This can happen at any time and the owner should be warned of this possibility. No other significant issues are identified at this time

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The prognosis with cardiac hemangiosarcoma is poor, with an MST of <3 months. The emergent limiting factor is often recurrent hemorrhage, and a pericardial window or subtotal pericardiectomy may relieve recurrent clinical signs though is rarely recommended.



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SPECIES

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BREED

American Bull Terrier

SEX

Male Neutered

AGE

8 years

WEIGHT

82.9lbs

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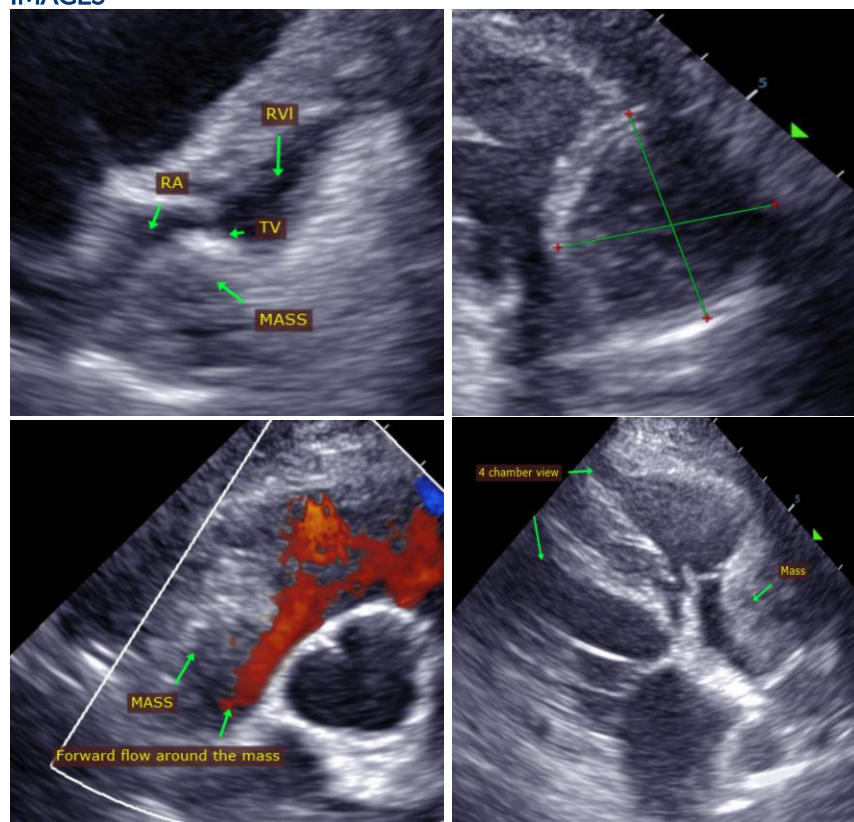
DATE

12/8/21

Chemotherapy and/or RT can also be discussed with an Oncologist and may extend average survival time to 4-6 months. HSA also has a high metastatic rate, and chest radiographs/full systemic work up are recommended to assess for metastasis. Patients with cardiac neoplasia are at high risk for recurrent hemorrhage, development of tamponade and malignant arrhythmias/sudden death in the future.

No cardiac medications are clearly indicated at this time. Over the counter herbal supplement Yunnan Baiyao may help decrease risk of bleeding, however true benefit is speculative (1 capsule PO BID). A recheck of tumor dimension and fluid accumulation can be considered in 1-2 months if patient does well, sooner if recurrence of clinical signs.

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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