



### PRESENTING CLINICAL SIGNS

**DATE** History: Presented on 12/3 for vomiting and overall discomfort. PE noted moderate abdominal pain and mild distension. Subjective hepatomegaly on radiographs. History of right anal gland mass - surgery scheduled for 1/3/22. Sedated for exam with dexmedetomidine and butorphanol.

12/9/21

### ECHOCARDIOGRAPHIC FINDINGS

**PERFORMED BY:** Multiple 2D, M-mode, and Doppler video loops and still images are submitted for review.

Loetitia Saint-Jacques, RVT, LVT

Left atrial size is normal. The mitral valve appears normal, though mild mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. There is an ~3.48 cm x 1.40 cm homogenous mass associated with the right atrioventricular groove that appears to be extending into the right atrial lumen. Trace pericardial effusion is present.

**INTERPRETED BY**

Keith Blass, DVM, MS, DACVIM (Cardiology)

LA - 33.8 mm  
 LVIDd - 26.9 mm  
 LVIDs - 19.0 mm  
 FS - 29%  
 RA - 23.0 mm  
 LVOT - 0.59 m/s  
 RVOT - 0.43 m/s

**PATIENT**

Baker Baker

**SPECIES**

Canine

### RADIOGRAPHIC FINDINGS

Orthogonal thoracic radiographs are submitted for review.

The cardiac silhouette is normal in size. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

**BREED**

Mixed

### ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

**SEX**

HR: 80 bpm  
 Rhythm: Sinus arrhythmia

**MN**

Sinus arrhythmia is present throughout this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

**AGE**

12 y

### ASSESSMENT/RECOMMENDATIONS

Baker's echocardiogram demonstrates the presence of a mass associated with his right atrium and right atrioventricular (AV) groove. While I can't rule out the mass as a metastatic lesion of Baker's anal sac mass, it's rare for anal sac masses to metastasize to the heart, therefore, it's possible that Baker's cardiac mass could be an unrelated primary tumor. If this is the case, the most common tumor type seen in this region in dogs is hemangiosarcoma, which, if present, is tends to be an aggressive tumor type that commonly metastasizes to the lungs and/or abdomen (no evidence of gross metastasis is seen in Baker's thoracic radiographs). In addition to metastatic disease, Toby's cardiac tumor has the potential to bleed and result in significant pericardial effusion formation (only trace effusion is seen in today's exam), as well as to obstruct blood flow in the right heart.

**WEIGHT**

32 lb

**HOSPITAL NAME**

Mountain View AH

**REFERRING VET**

Dr. Mendoza

Also seen in this exam is mild mitral regurgitation, though whether this is due to the presence of degenerative valve disease or is a transient side effect of dexmedetomidine administration is



difficult to say.

**DATE**

12/9/21

No abnormalities are appreciated in Baker's thoracic radiographs or ECG.

Consultation with a surgeon can be considered, though it's unlikely that Toby's cardiac mass would be resectable. Consultation with an oncologist can be considered to determine whether chemotherapy and/or radiation therapy could potentially be beneficial treatment options.

**PERFORMED BY:**

Loetitia Saint-Jacques, RVT, LVT

A recheck echocardiogram is recommended in 4 months, sooner if clinical signs compatible with pericardial effusion with secondary cardiac tamponade (ex. lethargy, weakness, collapse, fluid wave in abdomen) develop.

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**PATIENT**

Baker Baker

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Canine

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.

**BREED**

Mixed

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**SEX**

Keith Blass, DVM, MS, DACVIM (Cardiology)

**MN**

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**AGE**

12 y

**WEIGHT**

32 lb

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**REFERRING VET**

Dr. Mendoza