



**PATIENT**

Gwennie Lewis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

21 years

**WEIGHT**

6.44lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sang Han, DVM

**HOSPITAL NAME**

Oso Pet Care Center

**REFERRING VET**

Dr. Sang Han

**INVOICE**

47181

**DATE**

3/10/26

**PRESENTING CLINICAL SIGNS**

History: Grade 2-3/6 heart murmur. Benign liver mass. In discomfort from time to time. Good appetite, drinking water. Labs: NSF.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.

Normal cardiac silhouette. No obvious evidence of CHF. Increased soft tissue in the region of the left atrium.

**ECHOCARDIOGRAM FINDINGS**

Limited 2D, m-mode and color flow imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is normal. The right atrium is normal, although obscured by the mass. The right ventricle appears largely normal. The mitral valve is normal in structure and mobility. A large hypoechoic soft tissue lesion (2.3 x 2.3cm in best-viewed cross section) is seen at the heart base. The mass can be seen either stemming from or wrapping around the left atrium with tissue seen adjacent to the lateral wall. An origin cannot be definitively pinpointed. Scant pericardial effusion. No pleural effusion.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
<b>NORMAL PARAMETER</b>	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
<b>PATIENT</b>	2.9	235	0.43	1.1	0.41	58	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
<b>NORMAL</b>	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
<b>PATIENT</b>	NM	<1.3	NM		NM	NM	NM

*\*Note: All measurements based upon multi-modal images and methods. An average value is reported.*  
 Adapted from June Boon, Veterinary Echocardiography, 1998  
 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most significant finding is a large extra-cardiac soft tissue lesion seen adjacent to the heart base. While the exact origin is difficult to visualize (rule out LA v aortic body v pulmonary v other), the location is somewhat atypical for a chemodectoma and other tumor types must be considered. This is highly unusual to see in cats and further evaluation is advised. There may be early compression of the pulmonary vasculature, although this is difficult to visualize. LA compression itself is difficult to prove as well, and is not ruled out. Regardless, the mass is



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significant and likely clinically relevant. The overall cardiac dimensions and function appear largely normal. It must be noted that this is not considered an extensive evaluation without spectral doppler assessment.

Further workup is advised going forward. FNA is generally not recommended in these case due to increased risk. A thoracic CT scan could be considered to help understand full extent of the mass and hopefully identify an origin. Full systemic workup may be helpful as well in search for additional lesions that may be more amenable to sampling. Consider referral in this complicated case. It must be mentioned that in a cat of advanced age that is doing relatively well at home, simply monitoring for any associated issues would be a reasonable approach. If QOL of life suffers at any time, euthanasia should be elected.

This patient was evaluated prior to an aesthetic event, there is certainly risk for complication in this case, with scant pericardial effusion, risk for arrhythmias, spontaneous CHF, etc. Anesthesia should be avoided unless necessary.

Prognosis is poor overall.

## PLAN

Consider monitoring at home versus further workup as discussed, including thoracic CT, sampling of any additional pathology, and/or full systemic screening. Consider referral to a Specialty Center if indicated. No medications are clearly indicated from a cardiac standpoint. If and when QOL suffers, euthanasia should be elected.

A recheck echocardiogram is recommended in 2-3 months to reassess tumor size, sooner if clinical signs arise.

## 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



## PATIENT

or if I can be of any further assistance, please contact me.

Gwennie Lewis

**Maggie Machen Lamy, DVM**

## SPECIES

**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**

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info@sonopath.com

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