



PATIENT

Piper Beck

SPECIES

Canine

BREED

Nova Scotia Duck
Retriever

SEX

MN

AGE

12 y

WEIGHT

19.4 kg

PRESENTING CLINICAL SIGNS

Sudden onset of pulmonary edema. Responsive to furosemide. No prior murmur ausculted.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. There is an ~2.79 cm x 2.49 cm homogeneous mass-like structure within the left atrium that appears to move along with the mitral valve, suggesting an attachment to the valve leaflets. 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 appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA – 29.4 mm
LVIDd – 26.1 mm
LVIDs – 19.0 mm
FS – 27.2%
RA – 20.7 mm
LVOT – 0.99 m/s
RVOT – 1.05 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Field

INVOICE

DATE

3/12/26

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates the presence of a mass within Piper's left atrium, with possible attachment to his mitral valve. Based on its appearance, I suspect that this represents a neoplasm, though other differentials, such as a thrombus or vegetation, cannot be definitively ruled. While Piper does not have dilation of his left atrium, it's possible that his pulmonary edema could be cardiogenic in origin should the mass be obstructing blood flow across his mitral valve and causing a backup of pressure in his pulmonary veins, though it's unclear from the image set whether this is the case.

Thoracic radiographs and an abdominal ultrasound are recommended to evaluate for neoplasia elsewhere in Piper's body.

Ideally, the mass would be surgically excised, though this may require an open heart procedure using cardiopulmonary bypass. If surgery is not possible, consultation with an oncologist to determine chemotherapy and/or radiation therapy may be warranted.

Continued use of furosemide is recommended given Piper's response to the medication.

A recheck echocardiogram is recommended in ~3-4 months.



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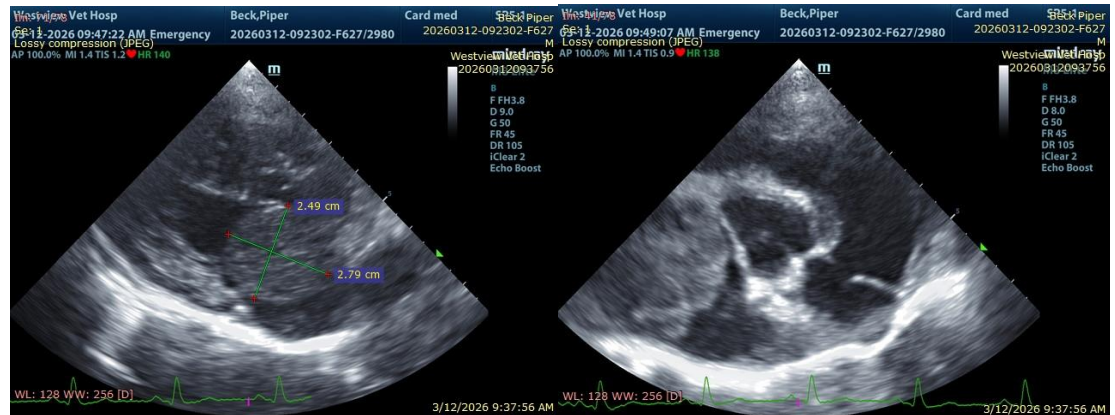
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology) info@SonoPath.com