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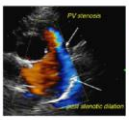
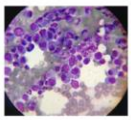
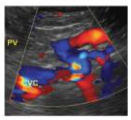
SVS IMAGING

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT
Angel Farmer

SPECIES
Canine

BREED
Lab

SEX
Female Spayed

AGE
11 years

WEIGHT
69.4lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Amy Mayhew, LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Dr. Rivas

INVOICE
29590

DATE
3/14/23

PRESENTING CLINICAL SIGNS
History: Presented today for lethargy. CXR concerning for an intrathoracic mass.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Large cranial thoracic mass displacing the cardiac silhouette. No obvious cardiomegaly or CHF.

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. A large hypoechoic mass is seen cranial to the heart base. Suspect extra-pericardial origin.

CARDIAC CHART

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	NA	NA	NM	1.3	36	67	NM
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	141	1.8	1.2	31.5	2.9	2.7	1.6
*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)
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*				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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
A soft tissue lesion is confirmed near the origin of the great vessels (cranial to the heart). The mass is suspected to be extra-pericardial in origin, which would make a mediastinal origin most likely. That being said, with this sized lesion advanced imaging/diagnostics must be obtained to definitively diagnose origin and tissue type. There is no clear cardiac chamber or vessel impingement identified (normal LVOT/RVOT velocities, etc); however, the location and size of the lesion may cause peripheral vascular congestion in the future. The cardiac dimensions and function are normal.

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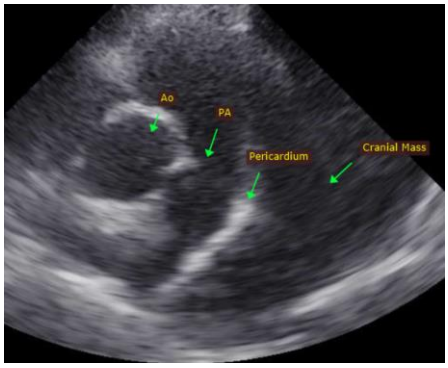
Further diagnostic imaging is HIGHLY recommended to understand the definitive origin and thoracic involvement of the mass. FNA should be obtained given the location of the lesion with submission for cytology. Consultation with an Oncologist/Surgeon for a potential CT scan and discussion of treatment options is also recommended (surgery, chemotherapy, etc). Systemic screening to assess for ancillary lesions should also be considered (AUS). No cardiac medications are indicated at this time; however, should the patient experience true right-sided congestion (typically ascites), diuretic therapy may be useful for QOL.

Prognosis is guarded to poor due to size of the mass, although obtaining a diagnosis will help understand outcome.

Reassess based upon future findings.

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. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com