


RESENTING CLINICAL SIGNS

DATE History: Radiographs taken yesterday revealed right-sided cardiomegaly. Last night, began panting and drinking excess water, and was bloated and anxious. Decreased appetite this morning. FAST scan showed no obvious pericardial effusion or cardiac masses, no overt peritoneal effusion.

3/25/22

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY: 2D, M-mode, and Doppler study.

Loetitia Saint-Jacques, RVT

Left atrial size is normal. The mitral valve is normal. 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. There is an ~8.80 cm x 7.45 cm mass at the heart base adjacent to the aorta and right heart chambers that appears to be infiltrating the right atrial lumen. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion is seen.

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT LA - 46.8 mm
 LVIDd - 47.1 mm
 LVIDs - 31.3 mm
 FS - 33.5%
 RA - 36.4 mm
 LVOT - 1.45 m/s
 RVOT - 1.13 m/s
SPECIES TR - 2.26 m/s

Nicos Cole

Canine

ASSESSMENT/RECOMMENDATIONS
BREED

Husky Mix

SEX

MN

AGE

11 y

This examination demonstrates a large mass located at Nicos' heart base that appears to be infiltrating his right atrium in some imaging planes. It's difficult to say what type of mass is present, as its exact origin is unclear. Masses that originate from structures at the heart base, such as the aortic chemoreceptors, are typically locally invasive but uncommon to metastasize, while masses that originate from the right atrium are more commonly hemangiosarcomas, which tend to be much more aggressive in terms of metastasis. Whether Nicos' mass is contributing to any or all of his clinical signs is also difficult to say, as the mass has not bled into his pericardial space and resulted in cardiac tamponade, and it does not appear to be obstructing flow in his right atrium, as this would result in the development of peritoneal and/or pleural effusion, neither of which is present. It's possible that the mass could be contributing to Nicos' clinical signs via metastatic disease or a paraneoplastic syndrome, though another cause of his signs cannot be ruled out.

WEIGHT

86 lb lb

A cardiac/thoracic CT or MRI may be warranted to more fully evaluate the origin and extent of Nicos' mass, and to evaluate for thoracic metastatic disease. An abdominal ultrasound is also recommended to evaluate for metastatic disease.

It's unlikely that Nicos' mass can be surgically debulked, though it could potentially be possible to biopsy it via an open surgical approach or an interventional approach if a portion of the mass has indeed infiltrated his right atrial lumen. Whether radiation therapy and/or chemotherapy could potentially be beneficial is unclear, and consultation with an oncologist is recommended.

HOSPITAL NAME

DTVH

A recheck echocardiogram is recommended in 3-4 months, sooner if clinical signs compatible with cardiac tamponade (ex. weakness, lethargy, collapse, vomiting) or right-sided congestive heart failure develop.

REFERRING VET

Dr. Vannin



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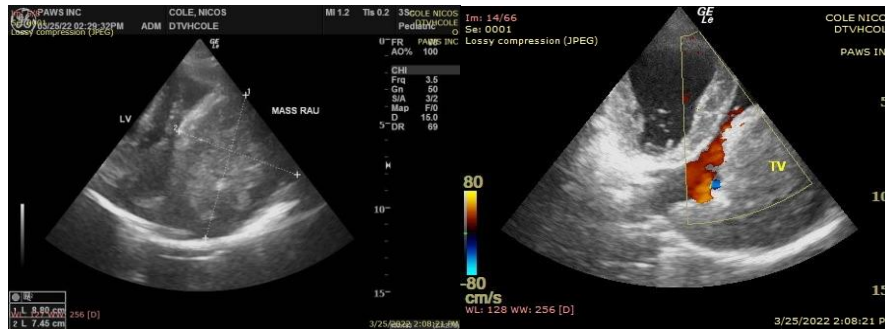
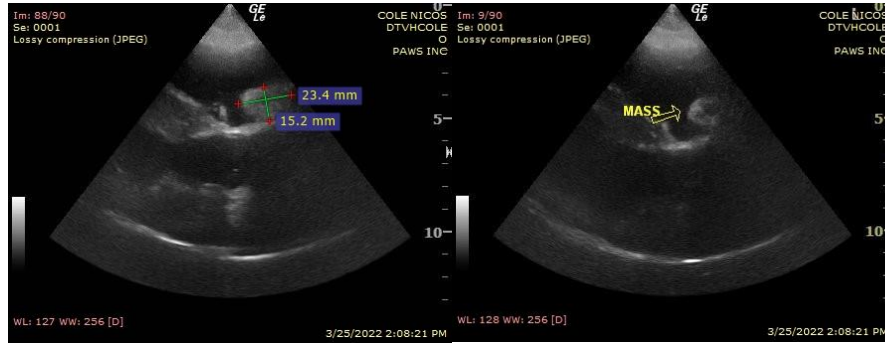
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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