



PATIENT

Reb Edwards

SPECIES

Canine

BREED

Field Spaniel

SEX

MI

AGE

13y

WEIGHT

NP

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro,
DVM, DACVIM

HOSPITAL NAME

VSC Blue Pearl Mt
Pleasant

REFERRING VET

Dr. McFadden

INVOICE

29403

DATE

3/6/23

PRESENTING CLINICAL SIGNS

History: Previously diagnosed with a RA mass (4.5-7.5cm) and splenic mass/nodules. Treated with chemotherapy last fall. Severe ascites noted today; blood-tinged. 6L removed
Prior report (6-7-22): RA mass with tumor/thrombus extending into RA; no PCE. Incidental finding based upon CXR cardiomegaly.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. A massive heterogenous soft tissue lesion is visualized overlying the heart base/aortic root with extension into the RA suspected; 4.8 x 8.1cm in best-viewed cross section. Compression is suspected, with moderate RA/RV dilation. Moderate mitral regurgitation, mild thickening of the mitral valve. Normal velocity. LV function is adequate. Left atrium is mild to moderately dilated LV is normal in diameter. Moderate TR. The pulmonic and aortic valves are normal in appearance. Normal LVOT velocity. Normal RVOT velocity. No AI or PI identified. Scant pericardial effusion.

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	4.6	2.6	NM	1.5	44	80	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	NM	0.63	1.7	NP	3.1	4.5	2.5
*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 <i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				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)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				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)
				Adapted from June Boon, Veterinary Echocardiography, 1998 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435 Hansson et al, Vet Rad and Ultrasound 2002 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995			

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary cardiac neoplasia persists. The mass is large and appears compressive, with infiltration into the RA. The location overlying the aorta, size of the tumor and time since diagnosis is more consistent with a Chemodectoma; however, at this point the academic diagnosis is of less concern. The mass is now causing compressive signs, and development of ascites with significant right heart dilation. There is also moderate mitral and tricuspid regurgitation with mild to moderate LA enlargement, further putting the patient at risk for left-sided CHF as well. Finally



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there is concern for arrhythmias (intermittent) on the attached ECG, and a screening 6 lead is recommended. No obvious additional issues are identified.

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Given the severity of the findings, palliative care with diuretics/Pimobendan can be attempted, with abdominocentesis as needed. The issue is more of a mechanical obstruction than true pulmonary hypertension, and Sildenafil will be of little benefit. The best we can do is remove effusion and use medications for congestive heart failure to help slow development of fluid accumulation. The compressive nature and/or possible early infiltration of the mass should be relayed as a grave prognosis, as the patient is already experiencing related congestion. A thoracic CT scan could be helpful to fully understand the extent of disease. Additionally repeat systemic screening for ancillary lesions that may be able to be sampled could be considered. The goal would be to determine tumor type definitively for chemotherapeutic options if desired. Diuretics and cough suppressants are a band aid over a much bigger issue as the tumor continues to grow. **Euthanasia should be considered in this case if quality of life is suffering.**

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High risk will always remain for recurrent effusions (pericardial, pleural or abdominal) and development of arrhythmias/sudden death at home. Monitor at home for progressive abdominal distention, labored breathing and/or lethargy and collapse.

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Consider thoracic CT, systemic evaluation/sampling, etc. The following medications can be attempted: Administer Furosemide 1-2mg/kg PO q12h. Administer spironolactone 1-2mg/kg PO q12h. Administer Pimobendan 0.3mg/kg PO q12h. Administer further supportive care including Hydrocodone as needed. Abdominocentesis as needed for comfort. If quality of life does not dramatically improve, Euthanasia should be considered.

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Maggie Machen
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(Cardiology)

A renal panel is recommended in 5-7 days, then every 2-3 months going forward.

IMAGING PERFORMED BY

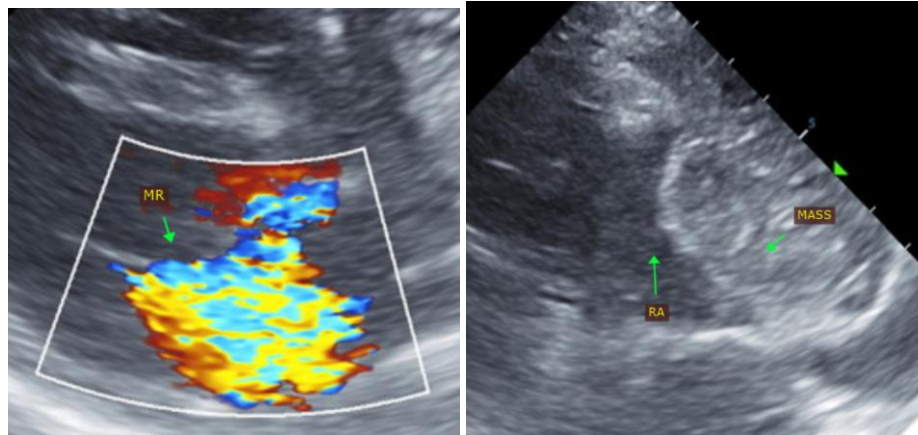
Andrea Nicastro,
DVM, DACVIM

A recheck echocardiogram to reassess mass dimension and heart size is recommended in 2-3 months.

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IMAGES



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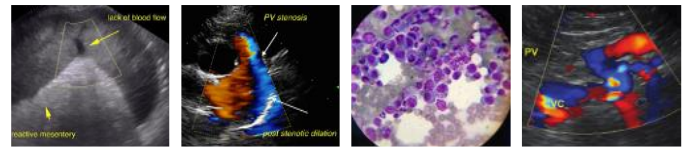
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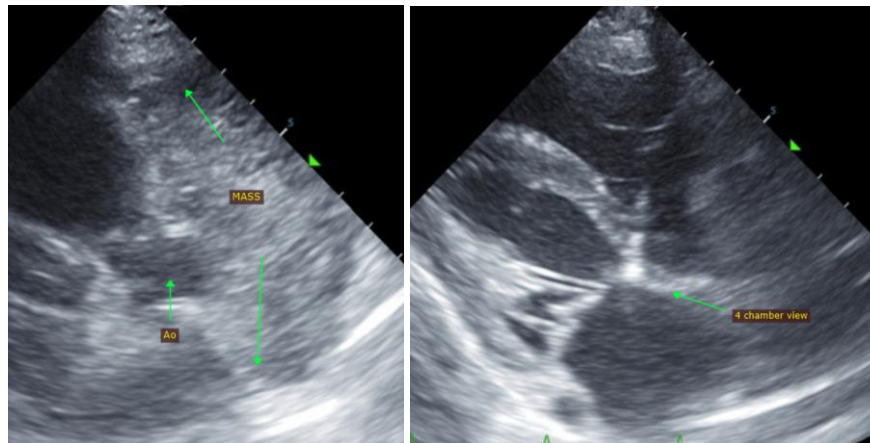
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Maggie Machen Lamy, DVM
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