



PATIENT

Zeusalicious Goff

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

9.6 years

WEIGHT

22.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessie Evoniuk, DVM

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

47143

DATE

3/9/26

PRESENTING CLINICAL SIGNS

History: Referral from High Plains Veterinary Clinic for cardiac evaluation following ascites. Concurrent conditions: osteoarthritis hip pain, allergic dermatitis. Grade IV/VI left apical systolic heart murmur with free fluid in abdomen.

-Current medications: Furosemide 30mg PO SID, Enalapril 5mg PO SID, Carprofen 25mg BID.

-CXR 2/27/26: Free fluid in abdomen- blood-tinged. Cardiac silhouette enlargement and dorsal tracheal elevation on thoracic radiographs.

-Abnormal PE/Chem/CBC/UA Results: Abnormal PE: Panting, Sarcopenia over dorsal topline, Moderate cerumen AU, Malocclusion, Gingival hyperplasia, Grade 2+ dental calculus, Nasal hyperkeratosis, Heart rate 180–200 BPM during exam, Ataxia and generalized muscle tone loss (right hind), lateral deviation of hock (right hind), Significant bruising, suspected secondary to previous centesis BP: 97/62, 66/46, 130/79.

5.3X 4.5

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 5mm/mV. The average heart rate is 190bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

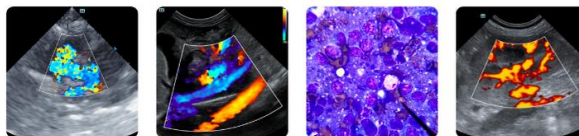
ECG diagnosis: Normal sinus tachycardia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. A large soft tissue lesion is visualized; 4.5x 5.3cm in best viewed cross-section. The mass is associated with the heart base, near the level of the pulmonary artery bifurcation. Compression of the distal MPA/branches is seen, with increased flow velocity through the region. Diffuse thickening of the mitral valve with mild prolapse. Severe MR; normal velocity. No LV dilation; LV function is adequate. The RA/RV are moderately enlarged. Severe TR. The pulmonic and aortic valves are normal in appearance. Normal LVOT and elevated RVOT velocity. No AI or PI identified. Scant pericardial effusion. Ascites noted.

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	5.3	NM	NM	1.8	39	72	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	1.3	3.5	10.1	2.6	2.8	1.7
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)



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BODY WEIGHT DEPENDENT PARAMETERS

**Note: All measurements based upon multi-modal images and methods. An average value is reported.*

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

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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary cardiac neoplasia is identified leading to compression of the pulmonary artery. The size of the mass is distorting normal views making additional compressive issues certainly a possibility. Once a mass is compressing the vasculature, the patient is at extremely high risk for congestive signs as is seen here with accumulation of pericardial effusion and ascites. Severe TR is also noted, which is likely secondary with elevated pulmonary pressures documented. This is due to compression and does not reflect true pulmonary hypertension. Of additional concern, the left heart is also enlarged with severe MR, suggesting there is also risk for left-sided CHF in the future. No obvious additional issues are identified and the ECG shows a sinus tachycardia.

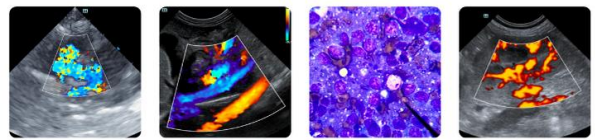
Given the location of the mass and the signalment, the likely diagnosis is a chemodectoma; however, a less common extra-cardiac tumor such as ectopic parathyroid, HSA, etc. cannot be entirely ruled out without a biopsy. The issue is more of a mechanical obstruction than true pulmonary hypertension, and Sildenafil will be of little benefit. The best we can do is remove effusions should they occur 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 clinical signs that are certainly related (arrhythmias, labored breathing, etc.). Referral would be the gold standard in this case, given the severity of the findings. Additional imaging including advanced echocardiography +/- thoracic CT scan would be helpful to fully understand the extent of disease. If declined, supportive care can be attempted for the short term; however, 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.**

Going forward there are some options for obtaining more information and palliating this type of cancer. Should the client elect to proceed, radiation and/or chemotherapy can be discussed with an Oncologist.

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.

PLAN

Consider euthanasia v further work up v referral to a Multi-Specialty Center for advanced evaluation. If declined, the following medications can be attempted: Administer Furosemide 1mg/kg PO q12h. Administer spironolactone 1-2mg/kg PO q12h. Administer Pimobendan



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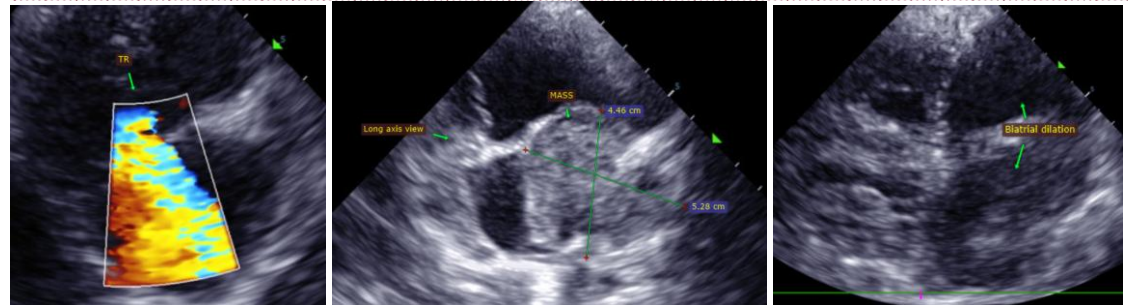
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0.3mg/kg PO q12h. Administer further supportive care including Hydrocodone. Abdominocentesis as needed for comfort in the future.

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

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

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

Maggie Machen Lamy, DVM

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