



**PATIENT**

Kiko Downey

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Male Neutered

**AGE**

15 years

**WEIGHT**

63lbs

**PRESENTING CLINICAL SIGNS**

History: Rapid breathing x a few months. Hacking cough. Grade II/VI heart murmur. On Galliprant and Gabapentin for OA. Breathing seemed somewhat labored throughout study, although he was nervous/stressed. BP: 135 mmHg. Diet: Supreme Source.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV diameter is mildly increased with mildly depressed myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium moderately dilated although standard views are obscured.

**Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation. **Normal velocity.**

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** The RV is mildly enlarged.

**Right atrium:** RA is mildly dilated.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The body of the MPA appears normal. There is a large, encapsulated mass associated with the heart base (5.1 x 4.0cm). Compression is not clearly visualized; however, the mass appears to be wrapping around the aortic root.

**Pericardium/other:** No pericardial effusion. No pleural effusion noted.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 160bpm.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	2.9
LA diam (cm)	4.7
LA:Ao (Swe)	1.6
IVS thickness (cm)	1.0
LVID diastole (cm)	5.1
PW thickness (cm)	1.0
LVID systole (cm)	3.8
FS (%)	26

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.5
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**INTERPRETATION OF THE FINDINGS**

A large soft tissue lesion is identified associated with the heart base. The mass appears extracardiac and intrapericardial and appears to be wrapping around the aortic root. The reported measurements are suspected to be an underestimation due to difficulty visualizing the extent of the lesion. No obvious compression is seen as the right heart appears normal in size with normal/low outflows; however, peripheral compression or infiltration is not rule out. There is also moderate left atrial enlargement with moderate mitral regurgitation reflective of primary valve disease. Mild systolic dysfunction is noted, which is considered secondary and mild at this time. No additional issues are identified.

**HOSPITAL NAME**

VCA Whitman Animal  
Hospital

**REFERRING VET**

Dr. klug

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The most common heart-based tumor is a chemodectoma; however, other possibilities including ectopic parathyroid tumor cannot be ruled out. Further diagnostic imaging may be useful understand the definitive origin and thoracic involvement of the mass (CXR, CT, FNA, etc.).



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The mass is likely the cause of a reported cough; however, radiographs are recommended as a baseline and to rule out ancillary issues (such as metastasis, airway changes, etc). Prognosis is guarded to poor given the size of the mass and presumably associated cough. The next step will be worsening compressive signs as the tumor grow, such as fluid accumulation and/or syncope. The best we can is utilize cardiac supportive medications to help slow the onset of congestive signs. Diuretics are not clearly warranted at this time; however, Spironolactone is recommended for potential long-term benefit.

There are some options for palliating this type of cancer, including radiation and chemotherapy. Full systemic screening to assess for metastasis may be useful (AUS, labs, etc.) when deciding what is appropriate. Consultation with an Internist or Oncologist is recommended in light of echo results.

High risk will always remain for development of effusions (pericardial, pleural or abdominal) and/or development of arrhythmias/sudden death at home. There is also risk for left-sided failure in this case (ie pulmonary edema). Monitor at home for progressive abdominal distention, labored breathing and/or lethargy and collapse.

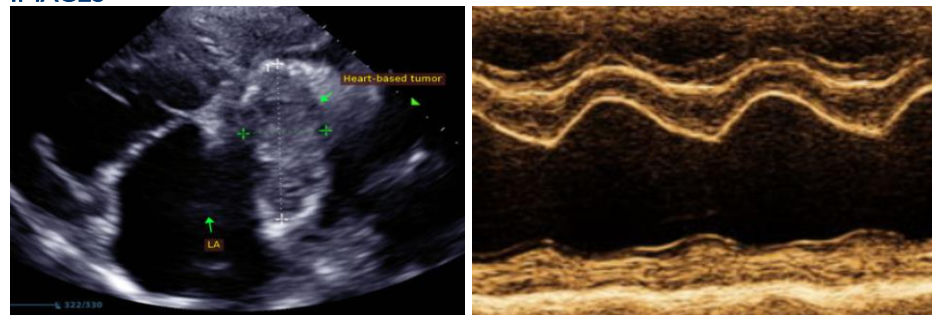
**RECOMMENDATIONS**

- Consider medical management as follows: institute Spironolactone 1-2mg/kg PO q12h, institute Pimobendan 0.3mg/kg PO q12h and institute ACE-I 0.5mg/kg PO q12h.
- Consider advanced thoracic evaluation, such as a CT scan.
- Consider consultation with an Oncologist or Internist for chemotherapeutic options, etc.
- Full systemic evaluation to screen for metastatic lesions is recommended (CXR, AUS, etc.)
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Monitor renal panel/BP in 1-2 weeks then every 3-4 months going forward.
- If symptoms develop and quality of life suffers despite medical management, euthanasia should be considered.
- Recheck echocardiogram in 3-4 months pending clinical improvement.

**IMAGES**





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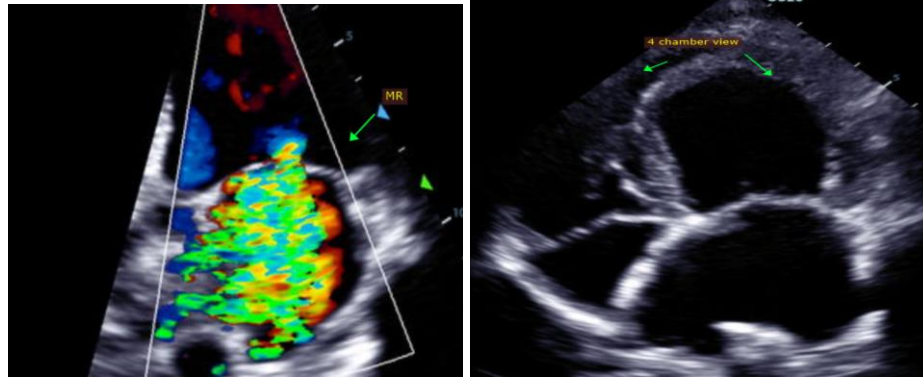
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. 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**  
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com

**Echocardiogram performed by:** Pamela Harrigan, RDCS  
 Pet Animal Ultrasound Service ([4paus.com](http://4paus.com))