



**PATIENT**

Chester Schweitzer

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

11.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sang Han, DVM

**HOSPITAL NAME**

Oso Pet Care Center

**REFERRING VET**

Dr. Sang Han

**INVOICE**

47661

**DATE**

4/23/26

**PRESENTING CLINICAL SIGNS**

History: Mild heart murmur. Slightly elevated HR. Asymptomatic.

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.

Mild cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild mitral valve thickening with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with no tricuspid regurgitation. The right heart dimensions are normal; however, a large well-demarcated hypoechoic lesion is identified associated with the right AV groove (see below); 1.9 x 1.6cm. 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. Scant pericardial effusion without obvious tamponade. No pleural effusion 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)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	NM	NA	1.2	1.4	43	80	0.3
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	160	1.0	1.0	5.3	1.7	2.3	1.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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)
				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**

Chronic degenerative valve disease causing mild mitral regurgitation. Lack of left atrial enlargement indicates the current risk for complication is low. **Of greater concern, cardiac neoplasia is identified associated with the right atrium.** The most likely tumor type given this location is a hemangiosarcoma (HSA), with other tumor types less likely.

Of additional concern, there is scant pericardial effusion. Without further historical information such as clinical signs, this is of unknown relevance in the acute phase. What is seen here should not be causing clinical signs as there is no obvious tamponade; **however, any further fluid**



**PATIENT**

Chester Schweitzer

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

11.8lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Sang Han, DVM

**HOSPITAL NAME**

Oso Pet Care Center

**REFERRING VET**

Dr. Sang Han

**INVOICE**

47661

**DATE**

4/23/26

accumulation may lead to collapse and an emergent situation. Should any symptoms such as collapse, vomiting, acute lethargy, etc. develop, immediate reevaluation for pericardiocentesis is recommended. This could happen at any time and should be expressed to the owner.

The prognosis with cardiac hemangiosarcoma is poor, with an MST of only 2-3 months. The emergent limiting factor is often recurrent hemorrhage into the pericardium. It is quite unusual to identify a discrete mass in an asymptomatic dog even with a pericardial bleed; however, the risk for this worsening acutely persists going forward. A pericardial window or subtotal pericardiectomy may relieve clinical signs, however, is not typically recommended due to poor prognosis. Patients with cardiac neoplasia are at high risk for recurrent hemorrhage and development of tamponade, malignant arrhythmias/sudden death in the future. Chemotherapy and/or radiation can be discussed with an Oncologist and may extend average survival time. HSA has a high metastatic rate, and full systemic screening is recommended.

Going forward there is high risk for collapse, right-sided congestive signs (ascites), and lethargy. Reassess on an emergent basis should any clinical signs occur.

No cardiac medications are clearly indicated at this time. Over the counter herbal supplement Yunnan Baiyao may help decrease risk of bleeding, however true benefit is speculative (1 capsule PO BID).

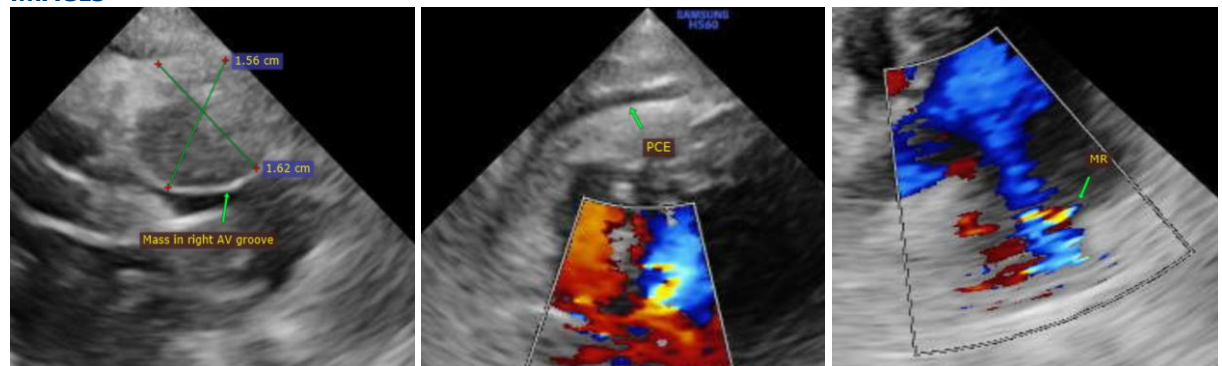
Anesthesia should be avoided.

**PLAN**

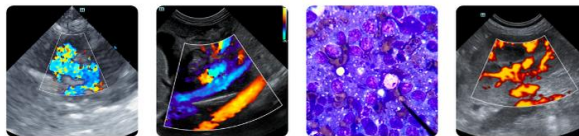
Assuming the patient is asymptomatic, simple monitoring at home is advised as a pericardiocentesis may become necessary in the near future. Full systemic screening as discussed with an Oncology consultation if desired.

If the patient continues to do well, a recheck of tumor dimension and fluid status can be considered in 2-3 month, sooner if development of clinical signs arise in the interim.

**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.



## PATIENT

Chester Schweitzer

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Male Neutered

## AGE

10 years

## WEIGHT

11.8lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Sang Han, DVM

## HOSPITAL NAME

Oso Pet Care Center

## REFERRING VET

Dr. Sang Han

## INVOICE

47661

## DATE

4/23/26

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