

**PATIENT**

Harley Mammen

**PRESENTING CLINICAL SIGNS**

History: Patient presented for consultation for neck and back pain. Thoracic radiographs performed revealed a suspected heart base mass.

**SPECIES**

Canine

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Uniform echogenicity mass associated with the aortic root, 4.3 x 34.0cm in largest cross section. The mass is well encapsulated and near the base of the aortic root (see below) overlying the LA. No obvious infiltration into the LA is seen nor suspected, given views free of tumor. No obstruction to blood flow is seen at this time. No mitral regurgitation, normal mitral valve. No TR. The right heart is prominent in some views, although this is inconsistent. LV function is adequate. Left atrium is mildly enlarged. LV is normal in diameter. The pulmonic and aortic valves are normal in appearance. No AI or PI identified. No pericardial or pleural effusion.

**BREED**

Boxer

**SEX**

Female Spayed

**CARDIAC CHART****AGE**

8 years

**WEIGHT**

68lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Custead

**INVOICE**

23895

**DATE**

4/26/22

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	NA	NA	NM	1.5	61	91	0.2
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	60	NM	NM	30.8	2.9	3.9	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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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**

The cardiac structure and function in this patient are overtly normal, with no dilation or dysfunction. Unfortunately, there is suspect cardiac neoplasia associated with the aortic root. The most likely tumor type given this location and the signalment is a chemodectoma, however other differentials cannot be ruled out. Chemodectomas are often incidental findings, as is the case here. Given the breed and lack of pericardial effusion, it is difficult to definitively evaluate the remainder of the aortic body and a thoracic CT may be helpful to screen for other lesions, assess for peripheral congestion, etc. No additional issues are identified.

**IMAGING PERFORMED BY**

svsmobileimaging.com 309-737-3070

**PATIENT**

Harley Mammen

The prognosis with cardiac chemodectomas is fair, with an MST of 1-2 years. The limiting factor is often hemorrhage into the pericardium. Other sequelae include impingement of cardiac blood flow secondary to tumor growth, or metastasis to the thorax or abdomen. Chemotherapy and/or radiation therapy can also be discussed with an Oncologist.

**SPECIES**

Canine

Mild activity restriction and omega fatty acid supplementation are recommended in any arrhythmic patient.

**BREED**

Boxer

No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**SEX**

Female Spayed

**PLAN**

Consider advanced imaging as discussed. Consider consultation with an IM or Oncology Specialist for possible treatment options.

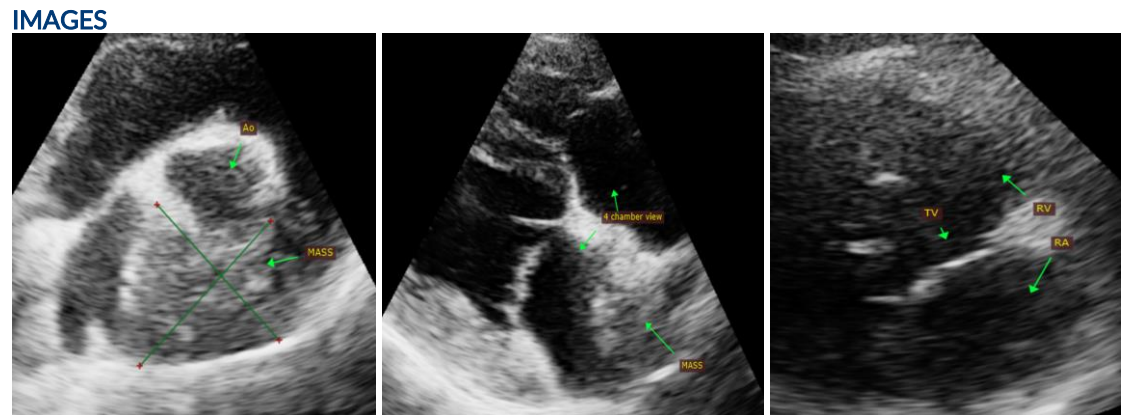
Recommend reassess tumor size in 4-6 months, sooner if clinical signs arise.

**AGE**

8 years

**WEIGHT**

68lbs

**INTERPRETED BY**Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Tom McNeill

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.

**HOSPITAL NAME**

SVS Imaging CT

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**REFERRING VET**

Dr. Custead

**INVOICE**

23895

**DATE**

4/26/22