



**PATIENT**

Sage Kollra

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Female Spayed

**AGE**

12.16.09

**WEIGHT**

23.2lbs

**PRESENTING CLINICAL SIGNS**

History: Cough- duration 2 weeks.

-Radiographs: Cardiomegaly, mass in chest.

-Current medications: Pimobendan 5mg ½ BID- started 4/18/23, Hydrocodone 5mg ½-1 BID-QID- started 4/18/23, Previcox 227mg ¼ SID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results: No previous.

-STAT: Declined.

-Imaging performed by: Stephanie Warga RDCS, RVT.

**ECHOCARDIOGRAM FINDINGS**

Thickened mitral valve with no obvious prolapse into the left atrial lumen. Trace central mitral regurgitation with borderline left atrial dimension. Normal MR velocity. Normal LV diameter with adequate myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. Moderate TR. Velocity consistent with moderate pulmonary hypertension (58mmHg). Mild to moderate right atrial and ventricular dilation. The pulmonic and aortic valves are normal in morphology and mobility. Normal RVOT/LVOT outflow velocities; laminar flow. No aortic insufficiency. The MPA and branches appear dilated. No pericardial or pleural effusion noted. Large hypoechoic soft tissue lesion confirmed cranial to the heart base; 6.7 x 4.3cm in best viewed cross section. Suspected to be extra-pericardial but origin cannot be definitively identified.

**CARDIAC CHART**

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

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>	5.0	3.6	NM	1.3	33	64	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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	170	1.5	1.2	10.5	2.0	2.6	1.7
*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				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)

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

**HOSPITAL NAME**  
Bel Air Veterinary  
Hospital

**REFERRING VET**  
Dr. Schmidt

**INVOICE**  
20506

**DATE**  
4.28.23

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A soft tissue lesion is confirmed near the origin of the great vessels (cranial to the heart). The mass is suspected to be extra-pericardial in origin, which would make a mediastinal mass most likely. That being said, this is certainly not definitive, and a heart base mass is also a possibility (chemodectoma). The right heart is enlarged with moderate pulmonary hypertension, likely due to peripheral compression by the mass. Trace MR is also noted which is clinically insignificant at this time. No additional issues are identified.

**Further diagnostic imaging is highly recommended to understand the definitive origin and thoracic involvement of the mass. If not recently performed, 3 view chest radiographs with Radiologist review in light of echo/AUS/lab findings are the next step. A thoracic CT scan, and potentially FNA/biopsy with an internist or surgeon may ultimately be warranted.** Once a diagnosis is confirmed or at least highly suspected based upon further imaging, treatment options can be discussed (surgery, chemotherapy, etc.).

Given the totality of the findings, reasonable to continue Pimobendan going forward. Sildenafil will be of limited benefit as the issue is more of a compressive hypertension than true pathology. Diuretic therapy may be useful in the future should effusions develop; however, this is not clearly indicated at this time. Symptomatic cough control will be important for quality of life.

Prognosis is guarded to poor due to size of the mass; however, definitive identification and origin will help determine if surgical options are possible.

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

## 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.

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