



PATIENT

Taz Kelly

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Female Spayed

AGE

12 years

WEIGHT

18.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Weigel

INVOICE

23513

DATE

4/7/22

PRESENTING CLINICAL SIGNS

History: Presented for coughing and sneezing and has increased in the last week. This is a new finding. Chest radiographs reveal a globoid heart with no heart murmur noted. Started furosemide for the past 5 days. 20mg BID.

-Abnormal PE/Chem/CBC/UA Results: BW albumin low 2.5 AST mildly high 70 SDMA 15.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mass associated with the right auricle; 2.0 x 1.9cm in diameter in best-viewed cross section. No obvious mitral or tricuspid regurgitation. LV function adequate. Left atrium is normal in diameter. LV is normal. The pulmonic and aortic valves are normal in appearance. Normal outflow velocities. The right heart appears normal with trivial TR. Scant pericardial effusion without obvious evidence of tamponade. No pleural effusion.

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			NM	1.2	40	73	0.5
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	77	1.7	1.1	8.4	2.1	3.2	1.9
*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)
<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)

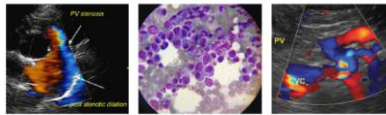
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac neoplasia associated with the right auricle is identified. The mass likely experienced a small bleed leading to pericardial effusion, which is causing the reported cough. The most likely tumor type given this location is a hemangiosarcoma (HSA); however, other tumor types cannot be definitively ruled out including an ectopic parathyroid tumor. It is unclear if pericardiocentesis was performed; however, there is only scant effusion present at this time. Monitor for progressive bleeding with fluid resuscitation and ECG monitoring if needed. No additional structural issues are identified.

The prognosis with cardiac hemangiosarcoma is poor, with an MST of <3 months. The emergent limiting factor is often recurrent hemorrhage, and a pericardial window or subtotal

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svsmobileimaging.com 309-737-3070

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pericardiectomy may relieve recurrent clinical signs though is rarely recommended. Chemotherapy and/or RT can also be discussed with an Oncologist and may extend average survival time to 4-6 months. HSA also has a high metastatic rate, and chest radiographs/full systemic work up are recommended to assess for metastasis. Patients with cardiac neoplasia are at high risk for recurrent hemorrhage, development of tamponade and malignant arrhythmias/sudden death in the future.

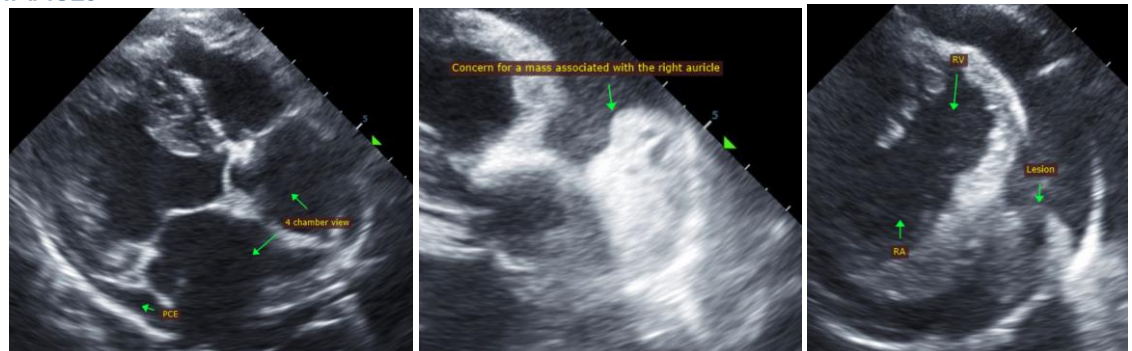
A pericardiocentesis is not warranted at this time; however, this will likely become necessary in the future. Should the patient experience any acute collapse or lethargy reassessment of the effusion is advised on emergent basis. Activity restriction is advised.

No cardiac medications are clearly indicated at this time and Lasix should be discontinued. Cough suppression with hydrocodone can be used if needed for QOL. Over the counter herbal supplement Yunnan Baiyao may help decrease risk of bleeding, however true benefit is speculative (1 capsule PO BID).

Plan:

Consider referral for advanced imaging, metastatic screening, etc. Discontinue Lasix. Consider hydrocodone for QOL. If QOL suffers, euthanasia should be elected.

A recheck of tumor dimension and fluid accumulation can be considered in 1-2 months if patient does well, sooner if recurrence of clinical signs.

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. 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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 info@sonopath.com