



PATIENT

Izzy Spinelli

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

9.10 years

WEIGHT

47.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

24515

DATE

7/19/22

PRESENTING CLINICAL SIGNS

History: Moderate to large heart base tumor invading the LA compressing the MPA. History of syncopal episode. Bradycardic w/ evidence of AV block. Mild to Mod LA dilation, minimal LV dilation, Mild RA and RV dilation, Benign mammary tumor.

-Abnormal PE/Chem/CBC/UA Results: UA: pH 7.5, squamous epithelial 4-10.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Uniform echogenicity mass associated with the heart base; 3.7 x 3.2cm in best viewed cross section. The mass is well encapsulated and overlying the left atrium. No obstruction to blood flow or imposition on cardiac chambers/MPA is clearly seen at this time. There is mild mitral regurgitation, thickened mitral valve with no prolapse. LV function is adequate. Left atrium is mildly dilated. LV is normal in diameter. Mildly thickened TV with mild TR. Normal right heart chamber dimensions. The pulmonic and aortic valves are normal in appearance. Normal LVOT and RVOT velocity. No AI or PI identified. No pericardial or 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	2.5	1.2	1.3	30	58	0.28
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	140	1.3	1.5	21.6	2.5	3.6	2.5
*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)

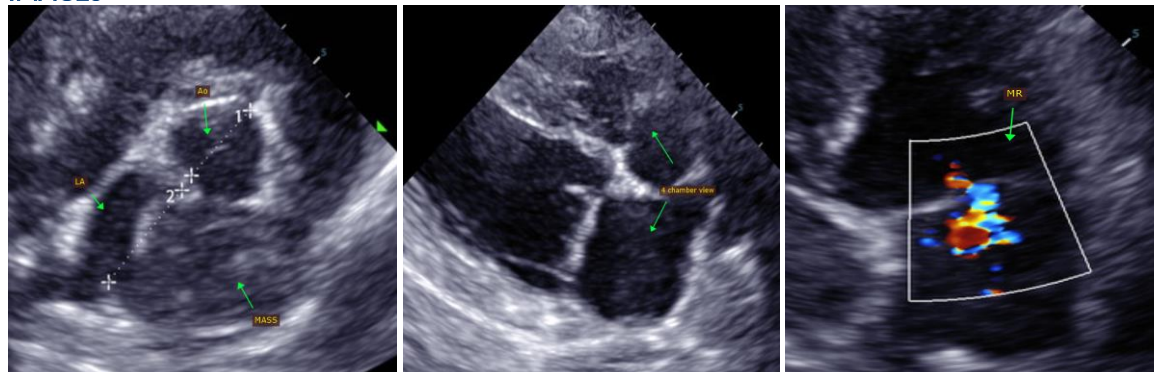
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation. Mild left atrial enlargement indicates the current risk for complication is low. No significant right heart enlargement is seen and the velocity through the pulmonary artery is normal, making peripheral congestion or PAH less likely. No concurrent issues such as systolic dysfunction are noted in this study.



PATIENT	Cardiac neoplasia persists, as was previously documented. The most likely tumor type given this location and the breed is a chemodectoma, however other more malignant differentials cannot be ruled out. Chemodectomas are often incidental findings as is suspected to be the case here, only causing clinical signs if blood flow is obstructed, pericardial effusion occurs, or a metastatic lesion causing systemic issues. It is difficult to definitively evaluate the mass peripherally (i.e., cannot rule out peripheral obstruction of flow through distal PA's) and a CT may be helpful to screen for true extent.
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Boxer	The prior report/imagines are not provided for comparison and only presumptive conclusions can be made. What is seen here is less significant than the previous documentation, which is likely due to inter-observer variability. Bradycardia and AV block are noted historically, which is not assessed in this study and an ECG is strongly recommended.
SEX	
Female Spayed	The prognosis with cardiac chemodectomas is fair. The limiting factor is often hemorrhage into the pericardium, 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.
AGE	
9.10 years	Syncope may be due to a variety of issues given an underlying bradyarrhythmia, cardiac neoplasia, etc. Further evaluation is advised as no obvious cause is identified here.
WEIGHT	
47.6lbs	No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
INTERPRETED BY	
Maggie Machen Lamy, DVM, DACVIM (Cardiology)	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.
IMAGING PERFORMED BY	Anesthesia is contraindication given a history of arrhythmias.
Jessica Miller	PLAN Further evaluation of tumor extent through thoracic CT and advanced imaging is recommended. Repeat ECG and/or holer monitor depending on history.
HOSPITAL NAME	Recheck tumor size via echocardiography in 6 months, sooner if clinical signs arise.
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IMAGES





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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.

SPECIES

Canine

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.

BREED

Boxer

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

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