



**PATIENT**

Rex Taylor

**PRESENTING CLINICAL SIGNS**

History: History of elevated liver values. Completely excised grade II mast cell tumor. Recent collapse episode.

**SPECIES**

Canine

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Massive soft tissue lesion is visualized (5.6x 4.4cm) in best viewed cross-section; heterogenous in appearance. The mass appears to be associated with the heart base, seen adjacent to the aortic root and overlying left atrium.

**BREED**

French Bulldog

Infiltration into the RA is visualized (see below). Normal aortic outflow velocities without significant AI. Mild mitral regurgitation with mild thickening of the mitral valve. LV dimension and function is adequate. Left atrium is difficult to assess due to mass location although no significant enlargement is suspected. RA/RV are both enlarged. Moderate TR. Velocity consistent with moderate pulmonary hypertension, likely secondary to compression/infiltration. The pulmonic and aortic valves are normal in appearance. Normal LVOT velocity. Normal RVOT velocity. No PI. No significant effusion is seen.

**AGE**

11 years

**CARDIAC CHART**

**WEIGHT**

NP

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	4.0	NM	<1.3	50	92	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>	NM	1.4	0.7	NA	NM	3.0	1.5
*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)

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

A. Nicastro, DVM

**HOSPITAL NAME**

Park West Veterinary Associates

**REFERRING VET**

Dr. Butler

**INVOICE**

31712

**DATE**

7/6/23

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cardiac neoplasia is identified with infiltration into the right atrium. The right heart is enlarged, with at least moderately elevated pulmonary pressures. Once a mass is compressing/infiltrating the heart, the patient is at extremely high risk for congestive signs, syncope and/or sudden death. No obvious fluid accumulation is seen; however, full cardiac supportive medications are warranted.

Given the signalment and size of the mass, the likely diagnosis is a chemodectoma; however, a less common tumor such as ectopic parathyroid, lymphoma, etc. cannot be entirely ruled out without a biopsy. The issue is more of a mechanical obstruction than true pulmonary



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hypertension, and sildenafil will be of little benefit. The best we can do is remove effusions should they occur and use medications for congestive heart failure to help slow development of fluid accumulation. The size of the mass should be relayed as a grave prognosis, as the patient is already experiencing clinical signs that are certainly related (syncope). Supportive care can be attempted for the short term; however, diuretics and cough suppressants are a band aid over a much bigger issue as the tumor continues to grow. Euthanasia should be considered if quality of life suffers.

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Going forward there are some options for obtaining more information and palliating this type of cancer. Should the client elect to proceed, radiation and/or chemotherapy can be discussed with an Oncologist.

**SEX**

Male Neutered

High risk will always remain for recurrent effusions (pericardial, pleural or abdominal) and development of arrhythmias/sudden death at home. Monitor at home for progressive abdominal distention, labored breathing and/or lethargy and collapse. Significant activity restriction is advised.

**AGE**

11 years

**PLAN**

Administer low dose Furosemide 1mg/kg PO q12h. Administer spironolactone 1-2mg/kg PO q12h. Administer Pimobendan 0.3mg/kg PO q12h. Administer Hydrocodone if indicated.

**WEIGHT**

NP

A renal panel is recommended in 5-7 days, then every 2-3 months going forward. Consider referral for further diagnostics and/or Oncology consult. Euthanasia should be considered if quality of life suffers.

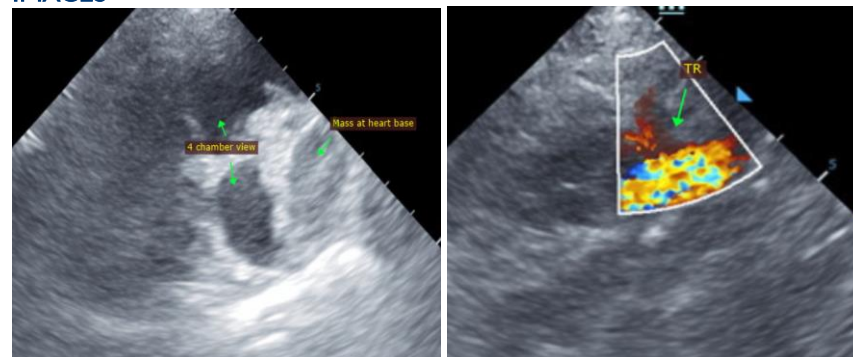
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A recheck echocardiogram to reassess mass dimension and heart size is recommended in 2-3 months.

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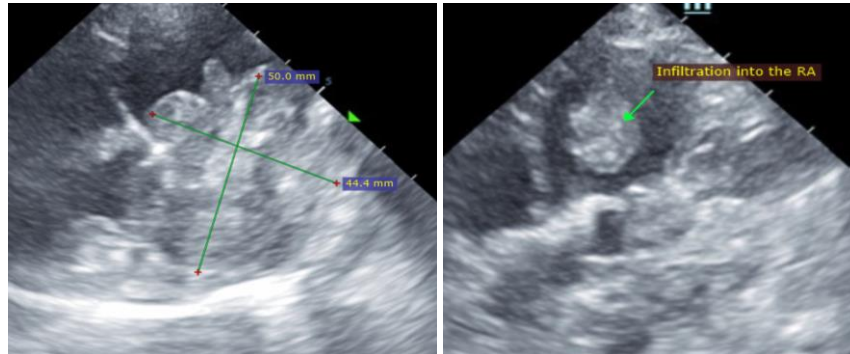
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**WEIGHT**

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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.

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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