


**PATIENT**

Aja D'Angelo

**PRESENTING CLINICAL SIGNS**

History: acute onset of coughing vomiting white foam and unable to walk unable to auscult heart lungs clear concern for sudden CHF vs ruptured heart base mass

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC WNL Chem Glu 184 BUN 29 Phos 2.1 Pot 2.9 ALP 267

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**
**BREED**

Aussie

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

44 Pounds

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	<1.3	28-40	40-100	<0.6
PATIENT	--	--	NM	1.2	35	69	0.15
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				
PATIENT	NM	--	--	--	3.5	2.4	--

**INTERPRETED BY**

 R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Ascot

**Cardiac Presentation**

Moderate volume pericardial effusion was present with diastolic collapse of the right atrial wall, consistent with cardiac tamponade. Nonhomogeneous lesion associated with the right atrium/auricle and potential right AV groove was present, measuring approximately 2.9 cm x 2.1 cm. LV function is adequate. The left atrium is normal in diameter. Subjective LV volume contraction with mild pseudohypertrophy was noted. The visualized aortic and pulmonic valves were overtly normal in appearance with subjective normal laminar LVOT and RVOT outflow.

Brief sonographic assessment of the cranial abdomen revealed evidence of concurrent ascites.

**ULTRASONOGRAPHIC FINDINGS**

- Right atrium/auricle mass with secondary moderate volume pericardial effusion and cardiac tamponade

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely tumor given the location is hemangiosarcoma. Other tumor types are less likely, including chemodectoma or other. Regardless, the patient is in cardiac tamponade secondary to cardiac hemorrhage from the tumor, resulting in cardiac volume depletion, hepatic congestion and likely drop in cardiac output. Referral for emergency pericardiocentesis with cytology of the pericardial fluid could be considered. Oncology consult with chemotherapy and/or radiation could also be

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considered. However, given the presence of the right atrium/auricle mass is likely consistent with malignant neoplasia, an unfavorable long-term prognosis is indicated.

**SPECIES**

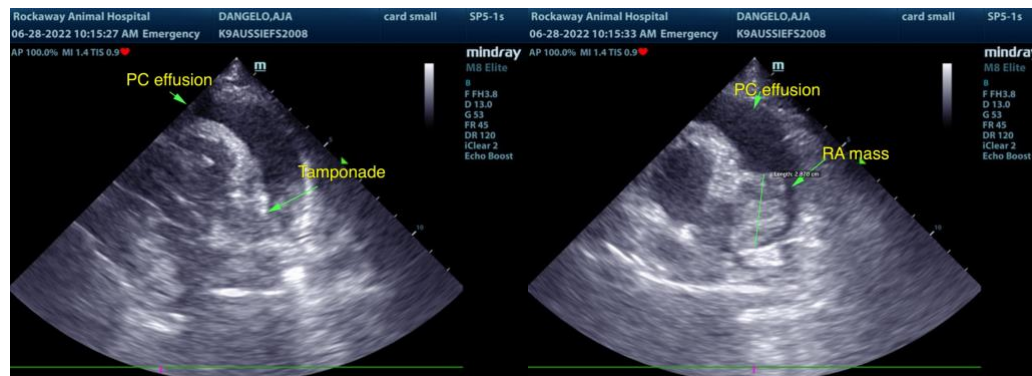
Canine

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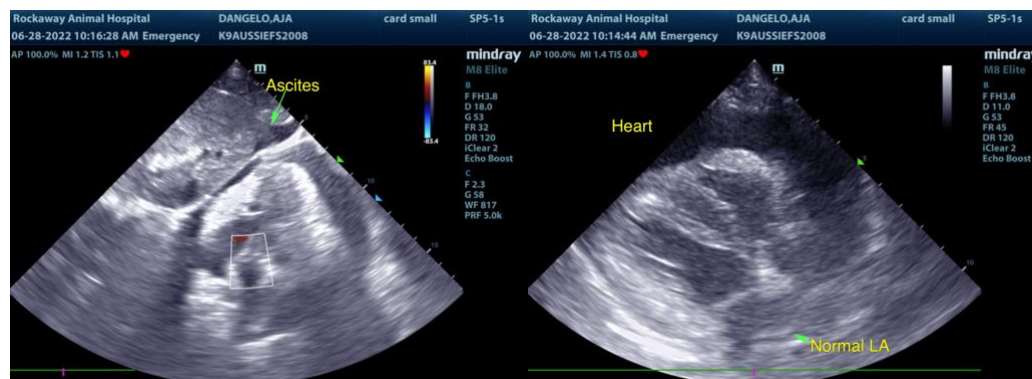


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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