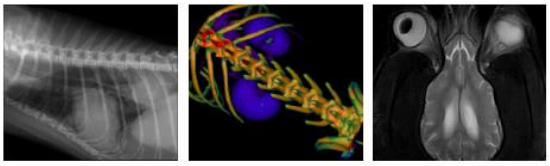
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Maizie Comorski

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

7 Years, 7 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Referral/ Outside clinic

INVOICE

53874

DATE

8-31-22

PRESENTING CLINICAL SIGNS

Pet had an episode of acute collapse 8/19/22 while owners were vacationing. Taken to a local ER. Diagnosed with pericardial effusion and drained approx 300cc of blood from pericardial sack. Bloodwork showed mild leukocytosis, mature neutrophilia. Pet developed some VPC's post pericardiocentesis that have resolved. Pet improved and was released from the hospital 2 days later on Sotalol and Yunnan Baiyao. Pet was rechecked at their regular vet 8/24. Pet was doing well clinically. The WBC count was back to normal, but a CadioBNP was abnormal, so Vetmedin was added. A consultation with a cardiologist was recommended for an echo, but no appointments were available for several months so a CT was pursued to try to determine the cause of the pericardial effusion.
Abnormal PE/Chem/CBC/UA Results: CardioBNP- 10.4 (0-6.0)

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

At this time, there is no evidence of pericardial effusion.

A 3 x 3 x 2.5 cm sized ovoid hypoattenuating mass with mostly negative contrast enhancement is seen at the cranial aspect of the heart base between the right atrium and main pulmonary artery cranial to the aortic root. See image below. The lesion margins to the right atrium appear to be ill-defined.

The lung and bronchial tree present within age related normal limits.

The mediastinal lymph nodes present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect heart base tumor

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings suggest presence of a poorly perfused heart base tumor level with the right atrial auricular appendage and main pulmonary artery cranial to the aortic root. Differential diagnosis includes organizing hematoma which, however, is by far less common. Consider further ultrasonographic monitoring. However, the ultrasonographic window may be limited and a recheck CT may be required in order to monitor the progression of the mass.

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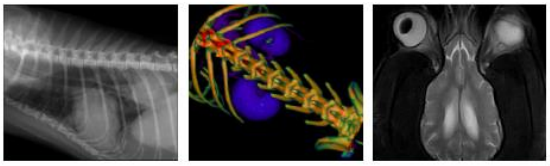

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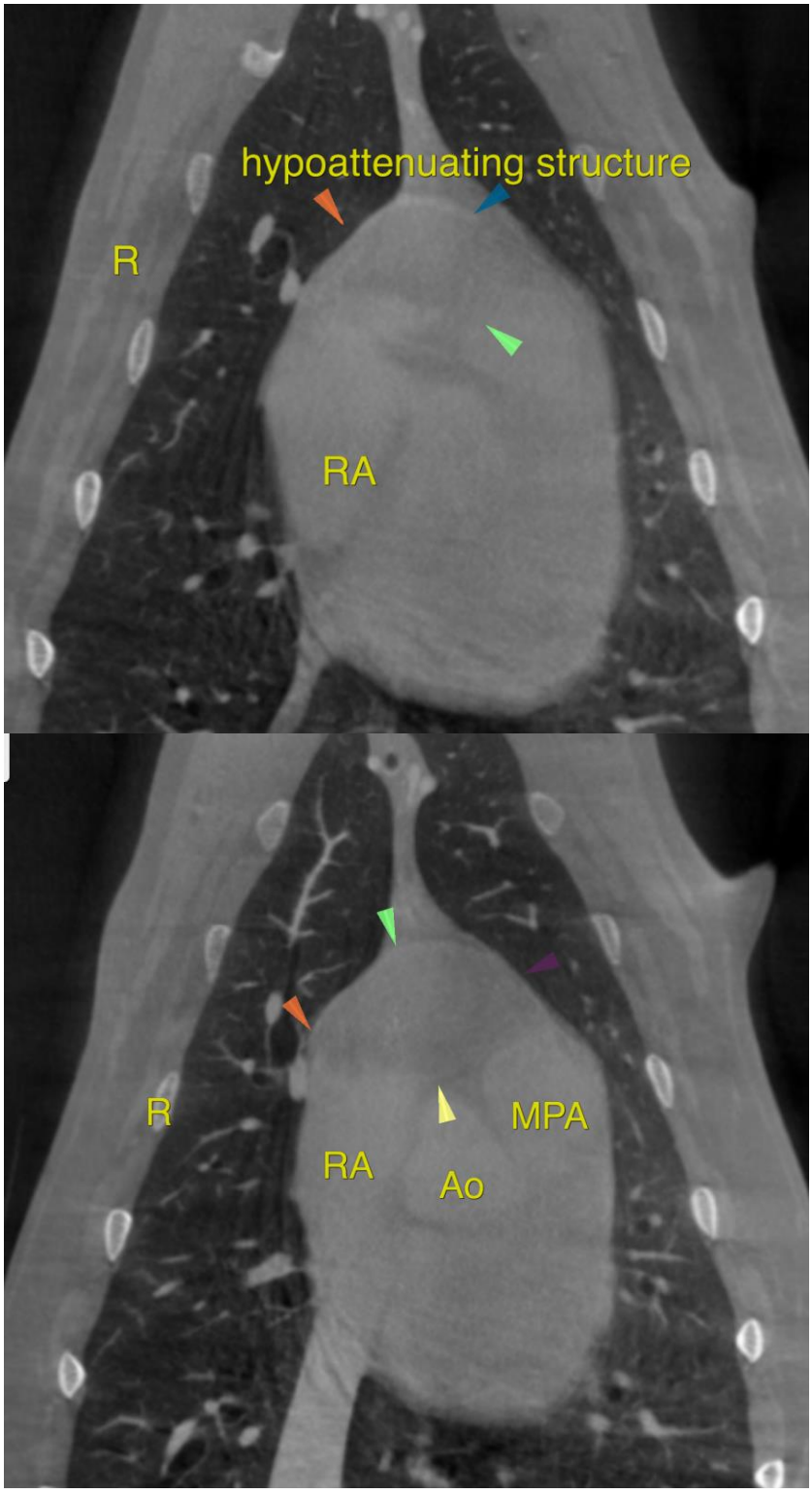

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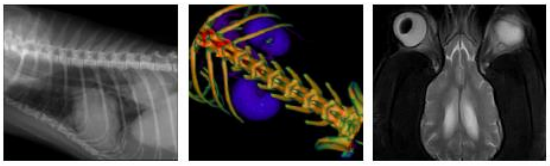

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com