



## PATIENT

Isy Asencio

## SPECIES

Canine

## BREED

American Bulldog

## SEX

SF

## AGE

10Y, 4M

## WEIGHT

66lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Stephanie

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

Dr. Rivera

## INVOICE

74773

## DATE

4-27-26

## PRESENTING CLINICAL SIGNS

Isy, a 10 years old spayed female American Bulldog, presented to AVCC Oncology service for an initial consultation due to his diagnosis of a heart based tumor.

On 03.31.26, Isy presented to DPC veterinary hospital for annual visit. His examination showed a grade II heart murmur, gingival hyperplasia and moderate dental tartar. The following diagnostics were performed including senior profile, fecal test, 4dx, urinalysis and pro-BNP. Results of these diagnostics showed elevated Pro BNP 5258 and otherwise unremarkable.

On 04.15.26, Isy presented to Sawgrass Veterinary Cardiology presenting for evaluation of a heart murmur and increased pro-BNP. An echocardiogram was performed and showed a large, irregular round, uniformly mixed mass present at the heart base measuring 7.4 cm x 11.5 cm compressing the left atrium and causing mitral regurgitation; no pericardial or pleural effusion noted. She was started on pimobendan. Currently, Isy has been doing well at home with good appetite and attitude. No vomit, diarrhea, coughing or sneezing noted. She is on glucosamine and pimobendan 10 mg orally in the morning and 5 mg orally at nighttime. She has a history of grade 1 soft tissue sarcoma removed in July of 2025 from her left lateral stifle.

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Grade III systolic heart murmur. No arrhythmias ausculted. Femoral pulses were strong and synchronous. Clear lung fields bilaterally, eupneic. Panting. Heart based mass- Top Ddx. Chemodectoma Grade III heart murmur Increased proBNP Periodontal disease Hx of grade 1 soft tissue sarcoma, left stifle -resected in July 2025

## RADIOGRAPHIC STUDY OF THE THORAX

Radiographs of the thorax in three imaging planes are provided for review.

## RADIOGRAPHIC FINDINGS

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

In the lateral views, the heart presents broad sternal contact. In the VD view, the heart as a nearly globoid shape and is distorting the left lung. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

In the right lateral view, the caudal tracheal segment has a J-shaped conformation. In the VD view, the tracheal presents a straight caudal course

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

## RADIOGRAPHIC DIAGNOSIS

- History of heart base mass
- Generalized cardiomegaly with a globoid conformation in the VD view
- No evidence of pulmonary metastatic disease



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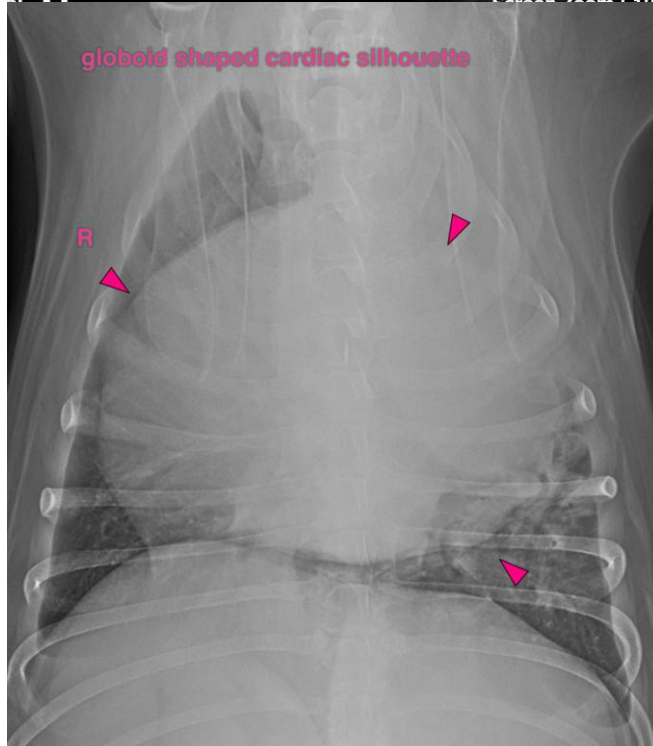
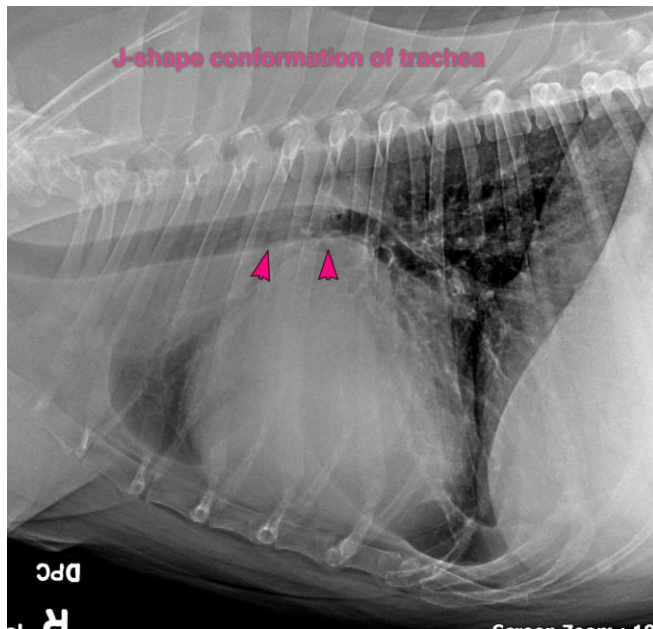
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The generalized cardiomegaly and globoid shape of the cardiac silhouette can be indicate for development of pericardial effusion or the supposed left sided position of the heart base mass causes the alteration of the cardiac shape in the VD view – a short ultrasound evaluation can be performed for specification.





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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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)