

PATIENT

Cheppy Medina

PRESENTING CLINICAL SIGNS

Moderate Cardiomegaly on radiographs. Mild MR. Current meds: Dasoquin, Carprofen, Vetmedin

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

11 years, 7 mos

WEIGHT

17 lbs

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	5.4	1.9	1.4	1.3	43	75	0.1
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	NM	1.9	1.1	7.7	1.65	3.0	1.7

Cardiac Presentation

The **left atrium** is of normal size with no evidence of smoke or thrombus formation. The **left ventricle** is normal in diameter with normal wall thickness and demonstrates good systolic function. The **right atrium** is subjectively of normal size and **right ventricle** dimensions and systolic function are subjectively normal. There is mild to moderate **mitral valve** regurgitation and mild **tricuspid valve** regurgitation noted, with irregular thickening of the valve leaflets. There was no evidence of chordae tendineae rupture or valvular prolapse in either valve and no vegetative lesions were seen. The **aortic** and **pulmonary valves** both exhibit normal appearance and function. The **main pulmonary artery** appears normal. There is no evidence of pulmonary hypertension. There is 5.1 x 4.7 cm **heart-based mass** visible, which partially compresses the left atrium. No pericardial or pleural effusion is seen. There is no evidence of an arrhythmia.

ULTRASONOGRAPHIC FINDINGS

Heart-based mass, consistent with aortic body tumor, hemangiosarcoma, or other neoplasia. Myxomatous mitral valve disease – Stage B1. Myxomatous tricuspid valve disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The type of mass seen at the base of the heart can be determined by echocardiogram alone. Referral for CT scan could provide additional information. Surgical pericardectomy has been shown to dramatically improve survival with some types of heart base masses, such as aortic body tumors. And some heart based masses may be amenable to treatment with chemotherapy or radiation therapy.
- In the absence of specific treatment for the heart-based mass, monitoring for symptoms of cardiac tamponade, such as weakness, collapse, loss of appetite, or respiratory distress is recommended. Therapeutic pericardiocentesis is recommended on an emergent basis if symptoms of cardiac tamponade are present.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

North Warren AH

REFERRING VET

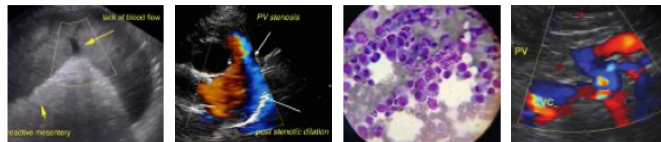
Dr Bociulis

INVOICE

12760

DATE

4.14.23



PATIENT

Cheppy Medina

- The cardiomegaly seen on the radiographs can be attributed to the presence of the mass – thus, the pimobendan can be discontinued for the time being, as there is no evidence of left atrial enlargement. Because the patient does have mitral valve disease, this could change in the future.

SPECIES

Canine

- Daily monitoring of the sleeping respiratory rate at home is recommended, and if the sleeping respiratory exceeds 35 breaths per minute, then a prompt recheck physical examination and chest radiographs to assess for pulmonary edema would be warranted.

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Yorkshire Terrier

- The patient may benefit from a cardiac diet such as Purina’s “CardioCare” veterinary diet.
- If the patient is free of symptoms, then recheck echocardiogram is recommended in 3-6 months, to monitor progression of the mass, and the mitral valve disease.

SEX

Neutered Male

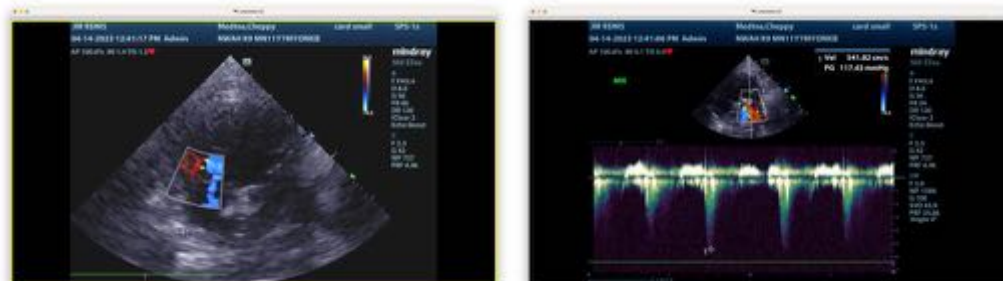
- Anesthesia should be avoided, or if essential, referral to a facility with a board-certified anesthesiologist is recommended, as the simultaneous impact of the mass on preload, and the potential for fluid overload from the mitral valve disease, may present challenges.

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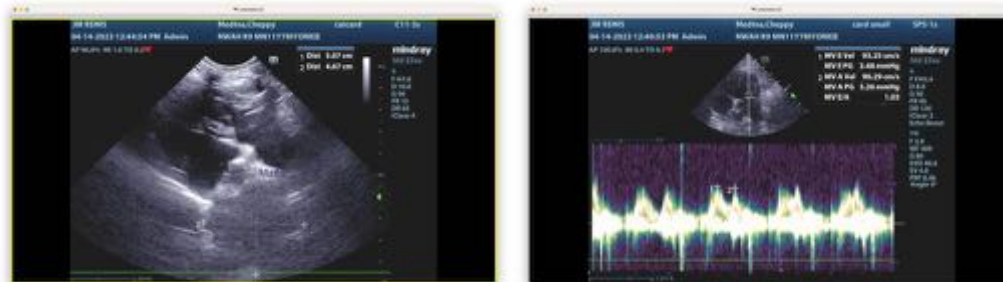
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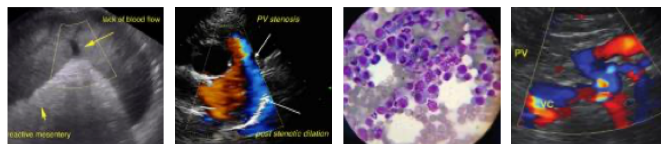
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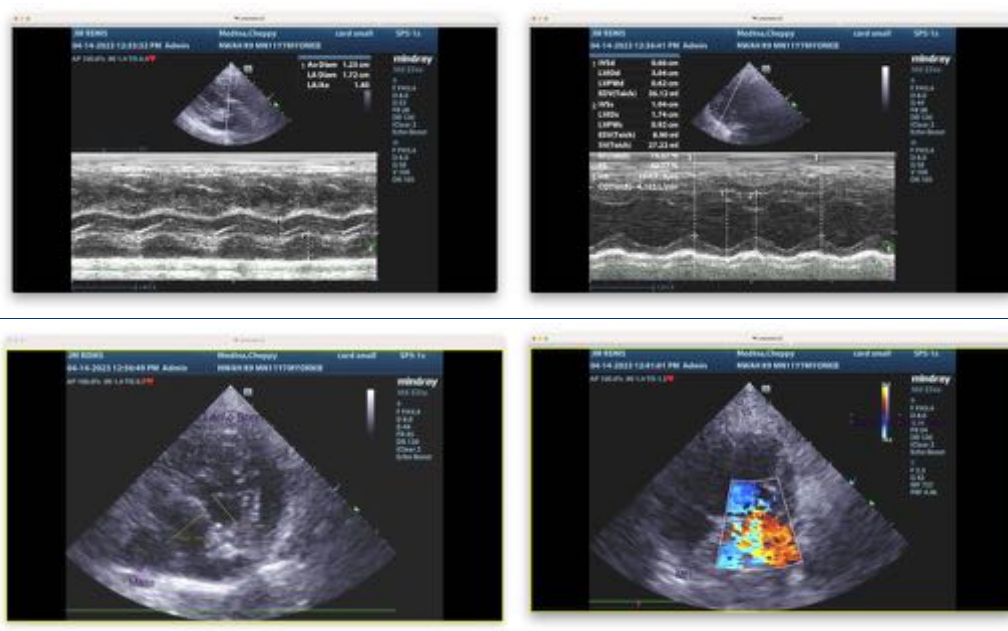
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com