able to a space-occupying lesion.[1] Smaller adenomas may go undetected because they are too small to cause clinical signs, whereas larger adenomas may compress the atria, displace the trachea, and partially surround the major vessels at the base of the heart. Aortic body tumors can also be locally invasive and invade the lumen of the surrounding great vessels or heart chambers, thereby hindering blood flow.[2] Common clinical signs of aortic body tumors include ascites, pulmonary edema, passive congestion of the liver, hemothorax, hemopericardium, anasarca, dyspnea, cyanosis, splenomegaly, and arrhythmias.[2,7,9–11] Many of these clinical signs are consistent with right-sided congestive heart failure caused by the tumor acting as a space-occupying lesion or by local invasion of vessels resulting in the obstruction of blood flow.[1] Although rare, aortic body tumors can also cause disease through metastasis, the most common sites of which are the lungs and liver.[3] Other locations for metastasis have included lymph nodes, myocardium, kidneys, adrenal glands, urinary bladder, spleen, and bones.[1,8,12,13]

In the case described in the present report, the neoplasm initially caused the dog to have an intermittent cough that was attributable to cardiomegaly with left atrial enlargement. Echocardiography revealed P mitrale, which was indicative of left atrial enlargement and localized the lesion to the left side of the heart. Six months later, the growth of the atrial mass likely caused marked compression of the pulmonary arteries with resulting inadequate blood flow and right-sided heart failure. The classic liver lesions together with the heart changes and abdominal fluid found during postmortem examination supported this proposed pathogenesis. On the basis of the cellular features and evidence of metastasis to the lymph nodes and spleen, a diagnosis of malignant chemodectoma was made. Given the patterns of the histopathologic changes and immunohistochemical staining, the mass was categorized as a grade II malignant tumor in accordance with the scheme devised by Brown et al.[14] The immunohistochemical findings were comparable to those of various studies[13,15] of aortic body tumors wherein staining for chromogranin A decreased with increasing degree of malignancy and all tumors were positive for neuron-specific enolase. Chromogranin A is contained within secretory granules, which are less numerous in malignant chemodectomas than in nonmalignant chemodectomas.[1]

An aortic body tumor is a nonfunctional, space-occupying lesion and, although rare, should be considered a differential diagnosis for a dog with clinical signs of right-sided congestive heart failure. As for the dog of the present report, histopathologic and immunohistochemical findings can be used to appropriately diagnose the malignancy.

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Correction: What Is Your Diagnosis?: intraosseous pneumatosis in a dog

An incorrect dosage of gabapentin is reported in the article "What Is Your Diagnosis?: intraosseous pneumatosis in a dog" (*J Am Vet Med Assoc* 2020;256:171–173). The actual dosage of gabapentin that was administered is 50 mg, PO, every 8 hours, which is a dosage of 9.3 mg/kg (4.2 mg/lb), PO, every 8 hours for the 5.4-kg (11.9-lb) castrated male Maltese mixed-breed dog treated.