



## PATIENT

Jake Trommer

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male Neutered

## AGE

10 years

## WEIGHT

65.4lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Blue Pearl Wyomissing

## REFERRING VET

Peaceable Kindom

## INVOICE

46253

## DATE

12/17/25

## PRESENTING CLINICAL SIGNS

History: Progressive, now grade 3-4/6 heart murmur. 2-3-day history of a dry/hacking cough 11/2025; started on Doxycycline and Cerenia. Weight loss. HR 150bpm on arrival. Short shallow respirations, RR 60bpm, Normal BVS in all fields. PQSS. No arrhythmias. BP: 146, 148, 147mmHg.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Large mixed echogenicity mass with regions of cavitation. An origin is difficult to decipher, as the mass can be seen adjacent to the right heart as well as proximal to the heart base; 4.8 x 4.0cm in best-viewed cross section/ Moderate right heart enlargement. The left heart is mildly enlarged with mild MR. The LV function is adequate. The mass is suspected to be compressing the main pulmonary artery. No pericardial or pleural effusion is visualized.

## CARDIAC CHART

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	2.5	NM	1.4	42	80	NM
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	100	1.5	0.8	29.7	2.9	4.3	2.5
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac neoplasia is present in an unusual location, with suspicion for hemangiosarcoma. The mass is quite large and determining a root is difficult. The right heart is suspected, given the proximity and atypical location for a chemodectoma. There is likely then expansion around the heart base; however, this is speculative. There is some concern for compression of the pulmonary artery causing right heart enlargement. The left heart is also mildly abnormal with moderate MR; this is comparatively insignificant. No additional issues are seen.

Given these findings, further evaluation is certainly necessary to determine the best course of action. The patient is experiencing clinical signs and CXR should be obtained. Full systemic screening to assess for lesions that can be sampled is recommended. Finally, a CT scan may help determine an exact origin and guide further therapeutic options. Should the owner elect to forgo



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further workup, euthanasia versus attempting medical management can be considered as below. That being said, unless CHF is present, response to therapy is expected to be minimal

The prognosis in this case is poor due to the size of the mass and likely hemangiosarcoma, which confers a grave outlook. Regardless of definitive diagnosis, given the size of the mass there is high risk in this case for further impingement of cardiac blood flow, secondary to tumor growth metastasis to the thorax or abdomen.

Patient will always be at risk for recurrent pericardial bleeds, development of arrhythmias and/or sudden death going forward.

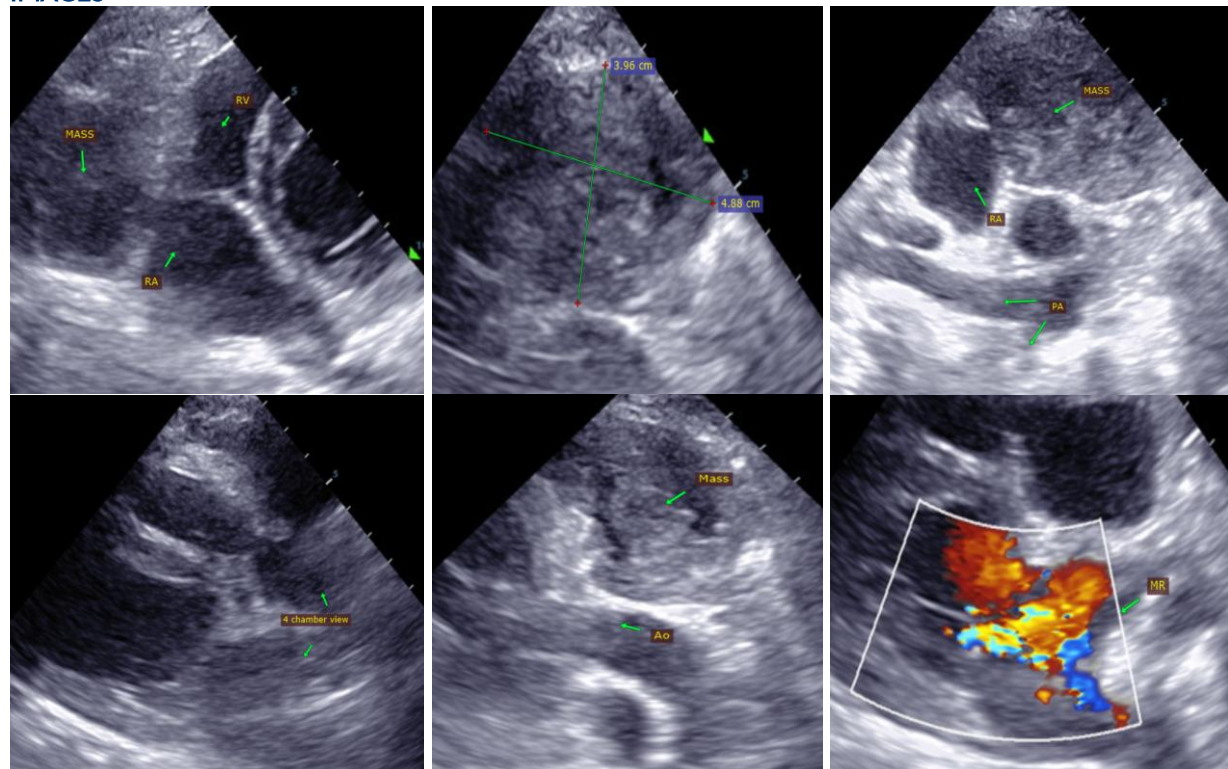
## PLAN

Highly recommend further workup, including advanced imaging/referral, abdominal ultrasound with sampling of any abnormal lesions and 3-view CXR. If declined, consider attempt supportive care through cardiac supportive medications as follows to assess response: administer Pimobendan 0.3mg/kg PO q12h, administer low-dose Lasix 1mg/kg PO q12h, administer Spironolactone 1-2mg/kg PO q12h.

Reassess clinical status and renal values in 5-7 days. If the patient is not significantly improved and referral is declined, euthanasia should be elected.

Reassess tumor dimensions in 1-2 months, sooner if clinical signs arise.

## IMAGES





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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.

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Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

## BREED

Pitbull

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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