



PATIENT

Zena Humane Society
of Lebanon County

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

68.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

4 Paws Veterinary
Ultrasound, LLC

REFERRING VET

Blue Pearl Wyomissing,
ER

INVOICE

46250

DATE

12/17/25

PRESENTING CLINICAL SIGNS

History: Echo for further evaluation of ascites and a history of heart base mass and CVD B1 MVD (diagnosed 4/22). Is currently in hospice care in a foster home. Foster parents noted shivering and a distended abdomen and presented to the ER on 12/13/25 for further evaluation. On PE, no heart murmur or arrhythmia was noted, HR was 160 bpm. Lungs were clear and normal RR/RE. AFAST showed marked abdominal effusion. Since stable, outpatient management elected. Recent medications started: Furosemide 12.5mg - 1 T BID; Pimobendan 5mg - 0.5 T in AM and 1 T in the PM. Also, on Novox. PE: HR 192, S1S2, no murmur/arrhythmias. PQSS. Normal BVS, intermittent soft cough with slight wet sound at the end of cough. Panting, normal effort. Marked abdominal fluid distention. BAR, friendly, holding toy in mouth. SBP: 179, 178, 174mmHg Therapeutic Abdominocentesis: 1 L red-tinged watery fluid. Sedated with Torb. Labs: NSF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Massive soft tissue lesion is visualized (>6cm) in best viewed cross-section, although the borders are obscured; hypoechoic in appearance. The mass appears to be associated with the heart base, seen adjacent to the aortic root and overlying left atrium. Infiltration into the RA is visualized (see below). Normal aortic outflow velocities without significant AI. Moderate mitral regurgitation with mild thickening of the mitral valve. The LV is mildly dilated adequate function. Left atrium is moderately dilated. RA/RV are prominent. Mild TR. Velocity consistent with mild pulmonary hypertension, likely secondary to compression/infiltration. The pulmonic and aortic valves are normal in appearance. Normal LVOT velocity. Normal RVOT velocity. Mild PI. No significant effusion is seen.

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	5.5	3.2	NM	1.8	30	58	0.4
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	150	1.4	1.1	31.2	3.8	3.7	2.6
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				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)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



PATIENT

Zena Humane Society
of Lebanon County

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

68.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

4 Paws Veterinary
Ultrasound, LLC

REFERRING VET

Blue Pearl Wyomissing,
ER

INVOICE

46250

DATE

12/17/25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cardiac neoplasia is identified, as was previously diagnosed. Of great concern, there is infiltration of the right atrium and significant compression of the distal vasculature. No doubt this is leading to high filling pressures and ascites is recurring. This patient is at extremely high risk for congestive signs, syncope and/or sudden death. There is also congenital valve disease causing moderate mitral regurgitation, which is relatively slowly progressive, given the time frame. No additional issues are seen.

Given the history in this case, certainly the diagnosis is a chemodectoma. The issue is more of a mechanical obstruction than true pulmonary hypertension, and sildenafil will be of little benefit. The best we can do is remove effusions should they occur and use medications for congestive heart failure to help slow development of fluid accumulation. Addition of Spironolactone and adjusting Lasix/pimobendan to a more therapeutic dose is recommended. The size of the mass should be relayed as a grave prognosis, as the patient has chronic clinical signs that may not be able to be controlled. Supportive care can be attempted for the short term; however, diuretics and cough suppressants are a band aid over a much bigger issue as the tumor continues to grow. Euthanasia should be considered if quality of life suffers.

Going forward there are some options for obtaining more information and palliating this type of cancer. Should the client elect to proceed, radiation and/or chemotherapy can be discussed with an Oncologist.

High risk will always remain for recurrent effusions (pericardial, pleural or abdominal) and development of arrhythmias/sudden death at home. Monitor at home for progressive abdominal distention, labored breathing and/or lethargy and collapse. Significant activity restriction is advised.

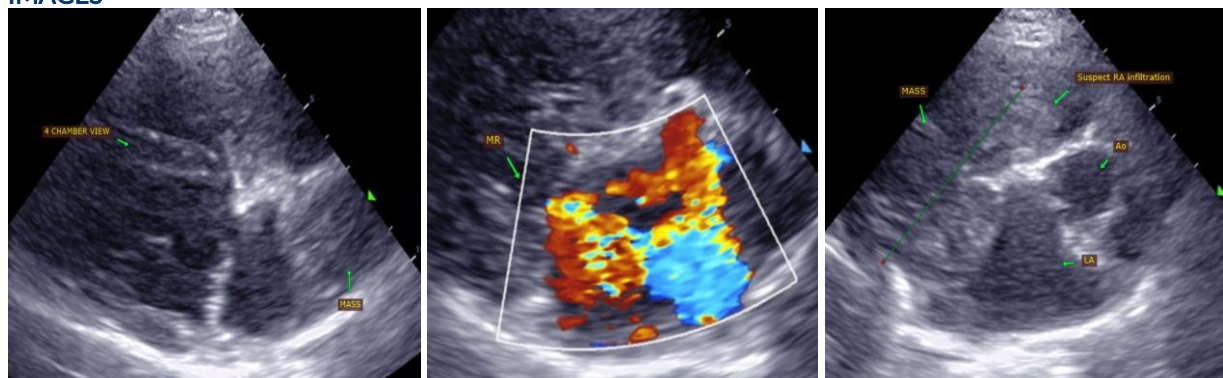
PLAN

Increase Lasix to 2mg/kg PO q12h. Initiate Spironolactone 1-2mg/kg PO q12h. Increase Pimobendan to 0.3mg/kg PO q12h. Institute ACE-I 0.5mg/kg PO q12h. Administer Hydrocodone if indicated.

A renal panel and BP are recommended in 5-7 days, then every 3-4 months lifelong. Euthanasia should be considered if and when quality of life suffers.

A recheck echocardiogram to reassess mass dimension and heart size is recommended in 2-3 months.

IMAGES





PATIENT

Zena Humane Society
of Lebanon County

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

68.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

4 Paws Veterinary
Ultrasound, LLC

REFERRING VET

Blue Pearl Wyomissing,
ER

INVOICE

46250

DATE

12/17/25

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.

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.

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