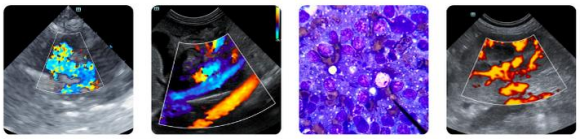


SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 298.808.2608

PATIENT

Nigel Milford-Clare

SPECIES

Canine

BREED

French Bulldog

SEX

Male Neutered

AGE

9 years

WEIGHT

40.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Beatties Pet Hospital Burlington

REFERRING VET

Dr. Al-Sultan

INVOICE

47045

DATE

3/2/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4/6 heart murmur. Labs (12/1/25): mild leukopenia, lymphopenia, and thrombocytopenia; otherwise WNL. CXR (12/1/25): multiple hemivertebrae (congenital) and bi stifle infusion with mild osteoarthritis.
-Current medications: Vetmedin 2.5mg - 1 cap BID pet wellbeing old friend and young at heart vetro science cardio strength pill SID bayrun omega 3 fish oil foriflor ground and asprout small scoop
-Pertinent previous echo findings (11/2024 MML): AS mild, small VSD, moderate AI, trivial MR. LA: 2.6, LV: 4.3. Suspect small chemodectoma (1.9 x 1.5cm).

ELECTROCARDIOGRAPHIC FINDINGS

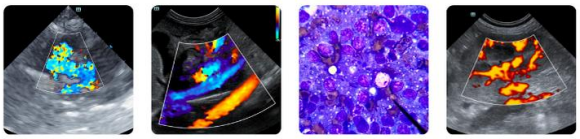
A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 120bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trivial mitral regurgitation with no left atrial dilation, although the chamber is obscured by the mass. No LV dilation with adequate myocardial function. Normal LV wall dimensions with no obvious hypertrophy. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. A left to right VSD persists; however, is not extensively visualized. Normal right atrial and ventricular diameter and morphology. The pulmonic valve appears normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. Mild thickening of the aortic valve. The LVOT velocity is normal. Mild aortic insufficiency. No pericardial or pleural effusion noted. A small hypoechoic lesion is noted adjacent to the aortic root: 2.1 x 2.5cm.

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	NA	2.0	1.3	<1.3	32	60	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	74	1.3	1.5	18.2	NM	4.0	2.8
*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 **Note: All measurements based upon multi-modal images and methods. An average value is reported.*				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				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)



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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	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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Generally speaking, the findings are similar to the prior evaluation. MR and TR remain insignificant and the VSD left to right, although not extensively evaluated. Of some concern, the previously noted heart based lesion does appear to have increased in size, although remains relatively small. This would confirm a chemodectoma and follow up as below. No additional issues are seen, and the ECG remains unremarkable.

Chemodectomas are often incidental findings as is suspected to be the case here, only causing clinical signs if blood flow is obstructed, pericardial effusion occurs, or a metastatic lesion causing systemic issues. It is difficult to definitively evaluate the mass peripherally (i.e., cannot rule out peripheral obstruction of flow through distal PA's) and a CT may be helpful to screen for true extent.

The prognosis with cardiac chemodectomas is fair. The limiting factor is often hemorrhage into the pericardium, impingement of cardiac blood flow secondary to tumor growth, or metastasis to the thorax or abdomen. Chemotherapy and/or radiation therapy can also be discussed with an Oncologist.

Given these findings, continue Pimobendan going forward. Prognosis remains guarded; however, the findings are encouraging.

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated. Prophylactic antibiotics are recommended lifelong.

PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Baseline BP monitoring is recommended every 6 months. Recommend further workup, given the finding of a heart-based tumor.

Recommend recheck echocardiogram 6 months, sooner if clinical signs arise.

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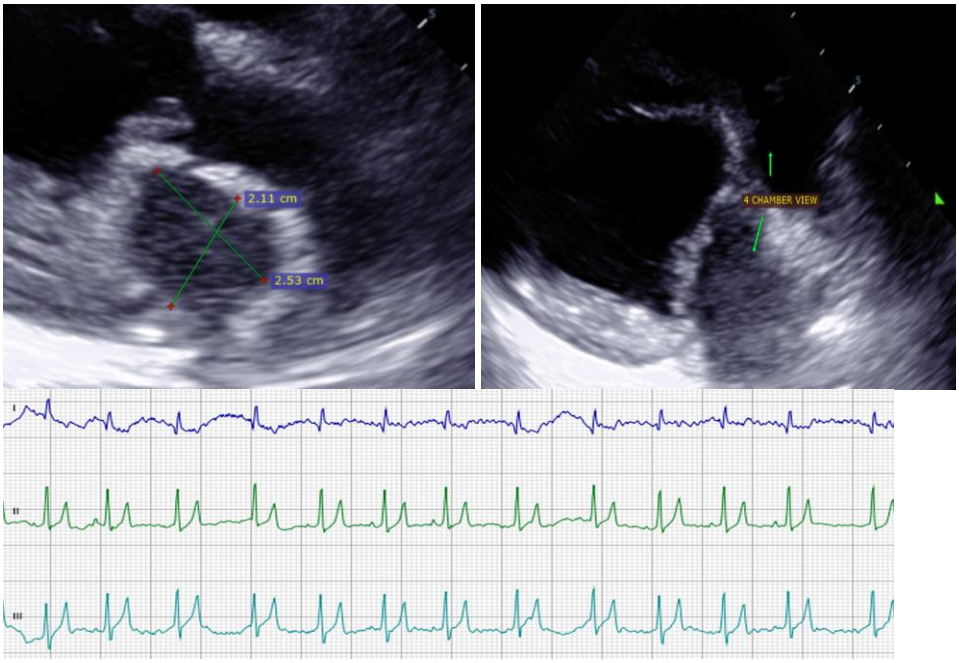
IMAGES



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