



# Cardiac Vet

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## X-ray consult (up to 3 views).

<b>Name</b> Sample Dog Figgie	<b>Patient Id</b> DHPC_FIGGIE	<b>Date</b> 9/30/2025
<b>Breed</b> Chihuahua mix. <b>Age</b>	<b>Species</b> Canine.	<b>Sex</b> FS.
<b>or DOB</b> 11-1-2011 <b>STAT</b>	<b>Weight</b> 5.1 kg	
<b>Study?</b> No.	<b>rDVM</b> Sample Pet Clinic.	<b>Is this a recheck?</b> No.
<b>Image collector/sonographer</b> rDVM.		

## Observations

**Presenting Complaint (rDVM provided):** Increasing episodes of dry cough. Figgie has had a heart murmur for years. It is currently grade 4/6 systolic PMI L apex; good pulses, no pulse deficits, normal rhythm. Eupneic. Dry cough. Bilateral clear lung sounds. Lives in Arizona and not on heartworm prophylaxis.

**Salient Labwork/Diagnostic Findings (rDVM provided):** Labwork: Normal CBC, chemistry panel, and T4. T4 - 1.7 (N); 9/30/25. Cocci and heartworm serology are in progress. Blood Pressure: Not done. Other: No prior lab/imaging evaluation has been done.

**Current Medications (rDVM provided):** None prior to this visit. Hycodan at 1ml PO Q8hr or less often was prescribed today.

**Source of Diagnostic studies/images provided for interpretation:** rDVM.

**Quality of Exam (as interpreted by DACVIM cardiologist):** Technically adequate study for interpretation.

**Ancillary Diagnostics:**

- 3 VIEW THORACIC RADIOGRAPHS (L, R LATERALS, VD PROJECTIONS), dated 9/30/25.
- For all views included that contain both thorax and a large portion of the abdomen, interpretation will focus on the thorax as part of the requested cardiology consultation.
- There is subjective moderate, and objective mild left-sided cardiomegaly present with loss of the caudal cardiac waist and dorsal deviation of the intrathoracic trachea on the lateral projections, the former suggesting left atrial enlargement and the latter, left ventricular enlargement. The top differential for this patient given the signalment and PMI of the murmur is myxomatous valve disease, likely stage B2.
- There is subjective increased sternal contact of the cardiac silhouette on the lateral views that may suggest right ventricular enlargement vs. normal variation for the patient size and thoracic conformation. The right heart does not appear enlarged on the VD view.
- The left sided cardiomegaly is causing significant narrowing of the left mainstem bronchi on the lateral views which is likely contributing to the cough. On the VD view, there is a focal rightward deviation of the trachea near the heart base. This may be normal patient variation vs. a mass occupying lesion.
- The pulmonary vasculature is normal in size and appearance.
- Normal pulmonary parenchyma with no overt evidence of left sided congestive

heart failure, pneumonia or bronchitis. No evidence of primary or metastatic neoplasia.

- Normal visible extrathoracic structures.
- VLAS: 2.5; VHS 11.

**Comments:**

- Thank you for this referral. Due to the nature of teleconsulting dictation/recording, please excuse any typos/errors that may occur during reporting. If information appears erroneous and clinically relevant or the clinical or image interpretation does not parallel your findings, please feel free to contact us with questions/concerns. A physical exam of the patient was not performed. Attached files of labwork/records to this report or emails of patient history/records sent outside of submission form will not be reviewed.
- For images/diagnostics obtained by the referring veterinarian/client: The information and recommendations provided are based on the images/diagnostics/history presented by the referring veterinarian/client requesting reporting. No evaluation can be communicated regarding pathology that was not visible in the images, diagnostics and/or video clips provided or related pathology/medications/labwork, etc that was not reported in the history provided.

**Diagnosis:**

- Cough - increasing episodes of dry cough, date not provided; 9/30/25.
- Normal T4 - 1.7 (N); 9/30/25.
- Left sided cardiomegaly is present with the most likely differential diagnosis of myxomatous valve disease stage B2 given the patient's signalment and PMI of the murmur. 10/1/25.
- Left main stem bronchi compression likely contributing to cough. 10/1/25.

**Recommended Diagnostics:**

- An echocardiogram is recommended as gold standard to definitively diagnose the heart disease present and the severity of the condition.

**Anesthesia:**

- Anesthesia will likely be tolerated with proper precautions. There is always a risk associated with any anesthetic episode particularly in the setting of cardiac disease. Recommendations for pre-operative sedation include an opiate (such as butorphanol) combined with a benzodiazepine (such as midazolam or diazepam). Etomidate, alfaxalone or propofol are acceptable induction agents. Sevoflurane is the inhalant anesthetic of choice for cardiac patients; however, with proper administration and monitoring, isoflurane is an acceptable choice as well. Ketamine should be avoided. Atropine should be used as needed for blood pressure support in conjunction with bradycardia. Full cardiac precautions should be taken with regards to monitoring (ideally CO<sub>2</sub>, pO<sub>2</sub>, ECG, and BP monitoring) and judicious IV fluid administration (avoid volume overload or underload/hypotension - 2-3 mL/kg/hr surgical fluid rate is recommended).

**Recheck:**

- Recheck thoracic radiographs as needed for progressive respiratory signs to screen for onset of left sided congestive heart failure.

**Medications:**

- **\*\*START\*\*** Pimobendan (Vetmedin) 2.5 mg tablets: Give 1/2 tablet(s) (1.25 mg) by mouth every 12 hours. - If an echocardiogram is desired, consider waiting to start this medication until a definitive diagnosis is made. If an echocardiogram is not desired, start now.
- Non-cardiac medication(s) should be administered as directed by your primary veterinarian.
- Ensure year-round heartworm prophylaxis.

**Monitoring:**

- Activity: Continue current activity, avoid strenuous activity.
- Monitor for: Monitor resting respiratory rate at home while the pet is sound asleep. Count the respirations per minute (number of times the chest moves in and out per minute; in and out being one breath) while sound asleep. Normal resting respiratory rates in animals will be between 10-30 breaths per minute or less (ideally in the teens or low 20s). Veterinary care should be sought if a progressive increase in the respiratory rate or if the rate increases above 40. If sudden and severe changes are noted please take pet to the nearest emergency room. Also monitor for: respiratory distress, labored breathing, abdominal swelling,

decreased appetite, vomiting, weakness, collapse, seizure-type activity, new or excessive coughing, or severe lethargy. Seek veterinary care if any of these clinical signs are observed.

**Diet:**

- Sodium restriction is not essential at this stage of disease, but high-salt treats or diets should be avoided. If interested, further information on moderate sodium restricted diets for dogs with cardiac disease can be found at: <https://heartsmart.vet.tufts.edu/nutrition/>.
- Dog foods containing pulses (dry seeds of leguminous plants)/alternative carbohydrates sources (legumes such as legumes, chickpeas and lentils, peas, beans, sweet potatoes) may potentially be associated with heart disease in dogs. There may be a relation between such diets and heart disease in dogs, characterized by dilation and loss of pumping ability of the heart, resembling a condition called dilated cardiomyopathy. In some dogs diagnosed with such heart disease, dietary modification and supplementation with an amino acid known as taurine lead to reversal of heart enlargement and improvement in pumping ability. However, this is not guaranteed in all dogs and may have also been related to medication regime and genetics. A peer-reviewed study in October of 2023 demonstrated no such association but cautioned that further investigation is still needed. As such, the current recommendation for pet owners is to choose a diet approved by the World Small Animal Veterinary Association (WSAVA). These diets undergo rigorous quality control and have not been implicated thus far in dietary-induced cardiomyopathy.
- If diet elected is not WSAVA approved or considering a balanced home-cooked diet, or for more general information, several websites are listed below: Tufts Petfoodology: [www.petfoodology.org](http://www.petfoodology.org) Tufts HeartSmart website: [https://heartsmart.vet.tufts.edu/nutrition/WSAVA Nutrition Toolkit](https://heartsmart.vet.tufts.edu/nutrition/WSAVA%20Nutrition%20Toolkit): <https://wsava.org/global-guidelines/global-nutrition-guidelines/> and for homecooked diets: Balance It: [www.balanceit.com](http://www.balanceit.com).
- For taurine supplementation, these brands are currently recommended: Pet-Ag, NOW, Solgar, Twinlab. \*Summarized from ACVIM Forum Proceedings June 5-8, 2019 and June 2022 and updates from ACVIM June 2024\* Please see statements from the FDA as updates are provided regarding this matter: <https://www.fda.gov/animal-veterinary/news-events/fda-investigation-potential-link-between-certain-diets-and-canine-dilated-cardiomyopathy>.
- Consider supplementation if a diet containing alterative carbohydrates/pulses is fed. Give 50 mg/kg of taurine by mouth every 12 hours. For taurine supplementation, these brands are currently recommended: Pet-Ag, NOW, Solgar, Twinlab.

## Summary and Recommendations

- Thoracic radiographs revealed significant left heart enlargement without congestive heart failure. An echocardiogram to definitively diagnose the specific disease present and the severity is recommended. Otherwise, treatment with pimobendan as stated above is recommended. The coughing reported may be secondary to the enlarged left atrium causing compression of the trachea/airways. If the cough affects the quality of life in a negative way (inhibits normal activity, interrupts sleep, etc), cough suppressants can be useful to help reduce the frequency of coughing.

**Electronically Signed:**



S\*\*\*\*\* S\*\*\*\*\* DVM, MS, DACVIM (cardiology)  
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