



PATIENT

Lucy Wilkinson

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Female Spayed

AGE

4 years

WEIGHT

67.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28243

DATE

1/11/23

PRESENTING CLINICAL SIGNS

History: Lucy is referred to evaluate a heart murmur. She has no clinical signs; good appetite and very active. She was on a grain free diet for approximately 3 years and has been off if it for approximately one year. On exam: rare arrhythmia noted, grade II-III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 160mmHg x 3. No medications *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal in dimension.

Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. No mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.7
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.0
LVID diastole (cm)	4.4
PW thickness (cm)	1.0
LVID systole (cm)	2.9
FS (%)	34

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	2.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow murmur. If this is a new murmur, it is reasonable to monitor periodically via recheck echocardiography in the future. Additionally, screening for fluid status abnormalities (dehydration, anemia, etc.) is recommended through routine lab work as these abnormalities would make this finding more prevalent. No significant valvular insufficiencies were noted, and no structural issues identified.

Recheck echocardiograms every 6-12 months are indicated in this predisposed breed. Additionally, holter monitoring every 6-12 months can and should also be considered to screen for the arrhythmic form of disease. BNP has been shown as a reasonably good ancillary screening tool as well. Prognosis is open.



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An intermittent arrhythmia is noted on exam; however, the brief screening ECG is unremarkable. Follow up is advised if ausculted persistently in the future.

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Canine

RECOMMENDATIONS

- No medications are clearly indicated.
- Consider routine monitoring of echo, holter monitor and ECG.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Recommend fish oil supplementation in any Doberman given the anti-arrhythmic properties of omega fatty acids.

BREED

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PLAN

- Recommend a recheck echocardiogram in 12 months, sooner if any clinical signs or a murmur arises.

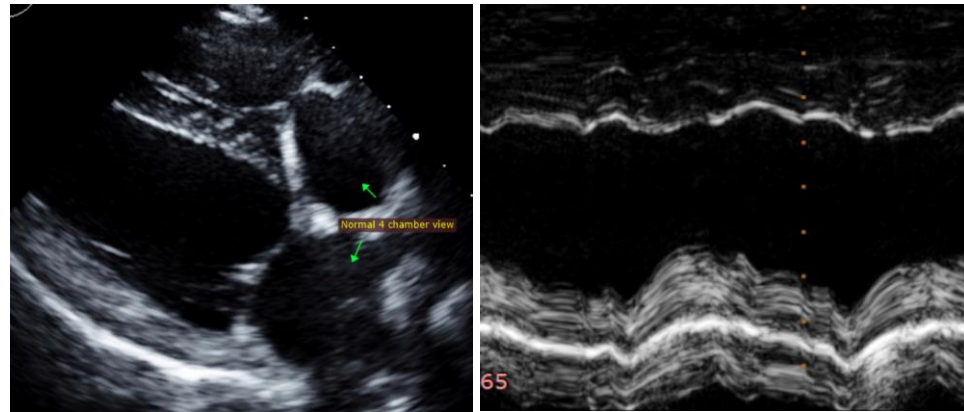
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

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REFERRING VET

Dr. Masloski

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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