

PATIENT

Key Alexander

SPECIES

Canine

BREED

Doberman

SEX

Male Neutered

AGE

5 years

WEIGHT

84.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Creditview Ellington
Animal Hospital

REFERRING VET

Dr. Ghobrial

INVOICE

46437

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well.

-Current medications: Pimobendan 10mg -1 pill BID, Vetmedin 1.25mg- 1 pill BID.

-Pertinent previous echo findings (1/2025 MML): Mild LVE (5.2/4.2), FS: 20%, no LAE, trivial MR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild left ventricular dilation in both systole and diastole (LVIDdN: 1.77, LVIDsN: 1.32) with moderately decreased systolic function.

Mildly decreased LV wall thickness and increased sphericity. No left atrial enlargement. The mitral valve appears mildly thickened with no obvious prolapse into the left atrial lumen. Trivial eccentric mitral regurgitation The tricuspid valve appears normal in form and function. No TR. No significant right heart enlargement. The aortic and pulmonic valves appear normal in morphology and mobility. No PI or AI. Low normal LVOT/RVOT velocity. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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	NA	NM	1.2	20	34	0.6
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	85	1.8	1.5	38.5	3.3	5.2	4.2
*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)
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

Compared to the prior study, there is no evidence of progression, which is good news. The LV remains mildly dilated with evidence of dysfunction; however, findings are similar to the previous evaluation. The LA remains normal and no additional issues are seen.

Given these findings, reasonable to continue to Pimobendan as prescribed. No additional medications are clearly warranted. Prognosis remains guarded long-term. ECG/holter monitoring should be considered.



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Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to screen for progression in the future. Mild activity restriction is advised. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

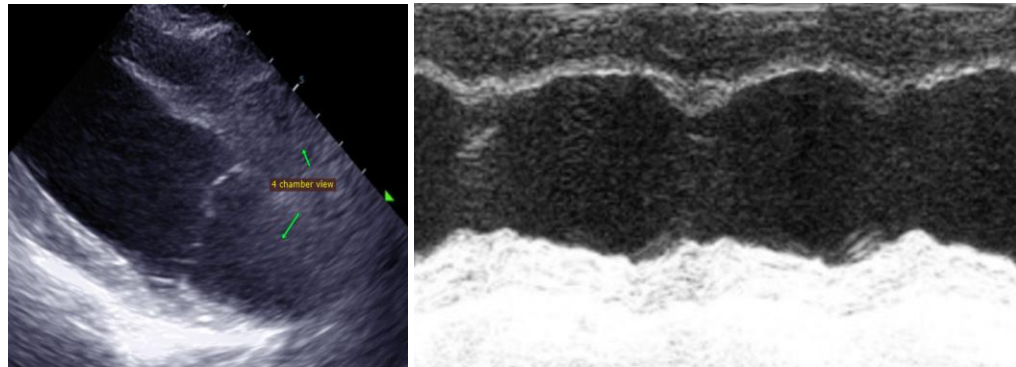
Anesthetic risk is considered moderate, and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

PLAN

Continue Pimobendan 0.3mg/kg PO q12h (0.3mg/kg). A screening BP is recommended every 6 months. Consider ECG or ideally a holter monitor.

A recheck echocardiogram is recommended in 6-12 months to assess for progression, sooner if clinical signs arise.

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