

**PATIENT**

Stella Bakke

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

61.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Stephanie Cory, DVM

**HOSPITAL NAME**

Brighton Veterinary  
Clinic P. C. Inc.

**REFERRING VET**

Dr. Kornder

**INVOICE**

46476

**DATE**

1/16/26

**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 heart murmur. Started coughing last Friday, and rDVM noted new arrhythmia. Went to ER and VPCs were noted. Started pimobendan 7.5mg PO BID and Sotalol 40mg PO BID. On grain-free diet whole life. Also gets cooked ground beef. Sedated with Midazolam and Torb.

**ECHOCARDIOGRAM FINDINGS**

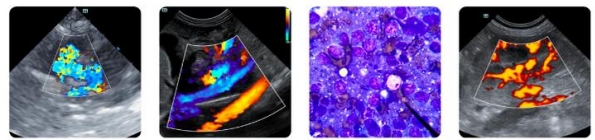
2D, m-mode, color flow and doppler imaging is available. The LV is borderline in diastole with an increased systolic dimension (LVIDdN: 1.65, LVIDsN: 1.30). Moderate left atrial enlargement. The mitral valve appears thickened, with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Trace tricuspid regurgitation. Normal velocity. Mild right atrial and ventricular dilation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. Normal PA outflow velocities. No pericardial or pleural effusion noted. No obvious cardiac tumors. Bradycardia is noted throughout the study. VPCs and brief salvos of VT are noted.

**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	2.2	1.4	1.9	16	30	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		1.5	1.5	28.0	3.8	4.4	3.7
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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**

Unfortunately, this patient has changes most consistent with occult Dilated Cardiomyopathy (DCM). There is a decline in systolic function, accompanied by mild LV dilation and increased sphericity. The right heart is also affected with RA and RV enlargement. Finally, the LA is moderately dilated, indicating relatively low risk for imminent complication; however, risk for progression to clinical signs is elevated in the future. Going forward there will be risk for development of right or left sided congestive heart failure, malignant arrhythmias (AF, VT), collapse and/or sudden death.



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Systolic failure can be primary in nature (DCM/ARVC) or secondary to taurine deficiency, certain drugs such as Doxorubicin, myocarditis, hypothyroidism, tachycardia-induced cardiomyopathy, or infiltrative disease such as lymphoma. In a Boxer, primary disease is certainly possible. That being said, the diet is of great concern in this case and should be changed ASAP. A Taurine level may be helpful; however, regardless, I would supplement Taurine in this case. Regardless of cause, prognosis is guarded long term with risk for complications going forward.

Based upon these findings, recommend continued Pimobendan as below. Additionally, a baseline BP is recommended with institution of an ACEI if >150mmHg. 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.

**It is worth noting that ventricular arrhythmias persist, despite a relatively high dose of Sotalol therapy. A repeat ECG is strongly recommended as dual therapy or potentially changing to Mexiletine is indicated.**

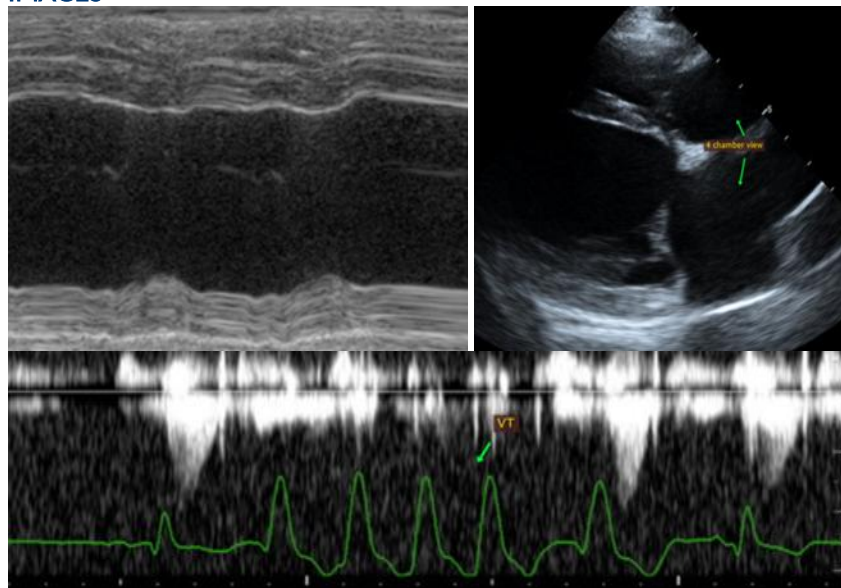
Anesthesia is not advised until the arrhythmia is well controlled.

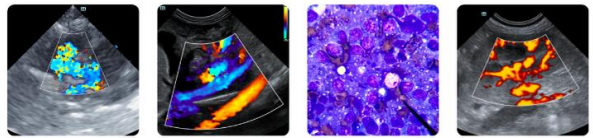
## PLAN

Continue Pimobendan 0.25-0.3mg/kg PO q12h. Baseline BP recommended. If >150mmHg, institute ACEI 0.5mg/kg PO q12h. Institute taurine supplement 1000mg PO q12h. Immediate diet change is recommended. Repeat ECG should be performed ASAP for further evaluation. Sotalol versus Mexiletine should be dictated by these results.

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

## IMAGES





## PATIENT

Stella Bakke

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.

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Canine

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.

## BREED

Boxer

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

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