



**DATE PRESENTING CLINICAL SIGNS**

1.30.26 History: CXR showed globoid cardiomegaly. No PCE on brief evaluation.  
-Current medications: Prednisone, Benadryl.  
-Sedation used: Torb and Alfaxalone.

**PATIENT**

Diesel Mallis -Pertinent previous ultrasound results: No previous.  
-STAT: Not requested.  
-Imaging performed by: Stephanie Warga RDCS, RV.

**SPECIES ECHOCARDIOGRAM FINDINGS**

Canine 2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no obvious prolapse into the left atrial lumen. No mitral regurgitation with a normal left atrial dimension. Borderline LV dilation in both systole and diastole (LVIDdN: 1.71, LVIDsN: 1.23) with borderline myocardial dysfunction. Normal LV wall thickness. The tricuspid valve appears normal with trivial TR. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal aortic outflow velocities; laminar flow. No aortic insufficiency. Normal pulmonary outflow velocity with no pulmonic insufficiency. No pericardial or pleural effusion noted.

**SEX**

**MN**

**CARDIAC CHART**

**AGE**

3.1.20

**WEIGHT**

122lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**HOSPITAL NAME**

Homeward Bound VS

**REFERRING VET**

Dr. Vance

**INVOICE**

46635

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	2.8	NM	1.2	23	40	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	130	0.9	1.2	55.3	3.0	4.3	3.3
*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)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				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**

Mild changes are appreciated in this study. The LV dimension is borderline in both systole and diastole, and the overall systolic function is borderline to mildly depressed. This may reflect a normal variant; however, early DCM cannot be ruled out. Consider screening for possible contributing issues,

such as an atypical diet or hypothyroidism. The LA is normal indicating low risk for complication at this time. No additional issues are identified, such as mitral regurgitation.

Serial monitoring of this patient is recommended every 6-12 months. Additionally, holter monitoring every 6-12 months can and should also be considered to screen for the arrhythmic form of disease. Finally, the BNP test has also been shown to be a decent predictor of occult DCM and can consider routine screening going forward.

No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. I generally recommend fish oil supplementation in any predisposed animal, given the anti-arrhythmic properties of omega fatty acids.

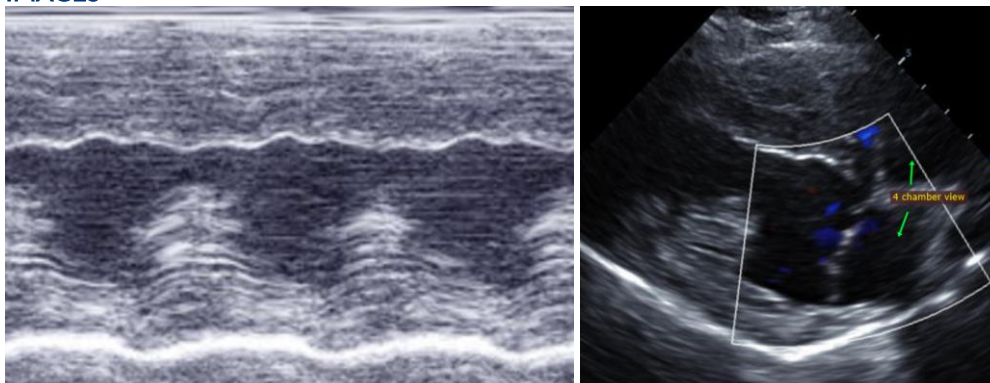
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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.

#### **PLAN**

Baseline BP is recommended every 6-12 months.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

#### **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.

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