



PATIENT

Josie Kluttz

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Female Spayed

AGE

10.5 years

WEIGHT

102lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Hovis

INVOICE

46302

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Recheck echo. Increased cough. CXR showed cardiomegaly and perihilar fluid. BP: 168mmHg. Sedated with Trazadone and Gabapentin.

-Current medications: Glucosamine Chews (4) once a day Pimobendan 15mg chews (1) twice a day, Furosemide 40mg half tablet twice a day, Metronidazole 500mg 1.5 tablets twice a day, Mirtazapine 30mg (1) tablet a day (as needed), Diethylstilbestrol (Stokes) (1) mg tablet (as needed), Hydroc/Homat (4) tablets (4) times a day, Cefpodoxime 200mg (2) tablets once a day, Nexgard.

-Pertinent previous echo findings (2023): DCM with controlled CHF. LA/AO: 1.56, LV: 5.2/3.3, FA: 34%.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Significant left ventricular dilation with decreased systolic function. Decreased LV wall thickness with increased sphericity. Severe left atrial enlargement. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Mild eccentric mitral regurgitation secondary to annular stretch. Mild right atrial and ventricular dilation. No tricuspid regurgitation. The aortic valve is normal in morphology and mobility. Normal LVOT velocity. No aortic insufficiency. Normal RVOT velocity. Normal pulmonic valve with trace pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors. Occasional premature beats 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	NM	NA	NM	2.0	18	30	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	NM	1.8	1.1	46.2	5.6	6.2	5.1
*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)
				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

As was documented previously, this patient has significant cardiomyopathy and systolic dysfunction. There is dilation and volume overload of both the left and right heart resulting in insufficiency of the mitral valve. The severity of dysfunction and pump failure is significant, and the patient is at high risk for decompensating into congestive failure. Patient will always be at risk for right and/or left-sided CHF, development of arrhythmias/syncope and/or sudden death going forward. There is concern for premature beats throughout the study and an ECG should be obtained.



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Development of the DCM-phenotype can be primary in nature (i.e. genetic DCM as is seen in Dobermans) or develop secondary to a variety of issues such as a non-traditional diet, myocarditis, hypothyroidism, chronic tachycardia, or infiltrative disease such as lymphoma. While primary disease is suspected, given the signalment; however, a diet history and thyroid status should be obtained.

The history in this case is somewhat confounding. The patient had a history of CHF in 2023 yet the recorded echo parameters at that time were essentially normal. It is unclear if there was potentially improvement compared to the previous evaluations to explain this. Regardless, what is seen here does show progression, with significant disease overall and a diagnosis of recurrent CHF is likely. Assuming the Lasix dose has not been adjusted, an increase is recommended as below. It is also unusual to see a relatively stable patient across a period of years, which I suppose is good news in this case.

Cases of systolic failure are at high risk for tachyarrhythmias (such as VT or rapid AF) and sudden death, and this should be expressed to the owner. Activity restriction is advised.

Regardless of cause, prognosis is guarded to poor at this stage in the disease process, with an average survival time of <6 months. Some cases with diet-related disease can improve to some degree with diet correction; however, cases with advanced disease are often irreversible.

Elective anesthesia is not advised due to high risk for complications.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, worsening labored breathing, abdominal distention, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

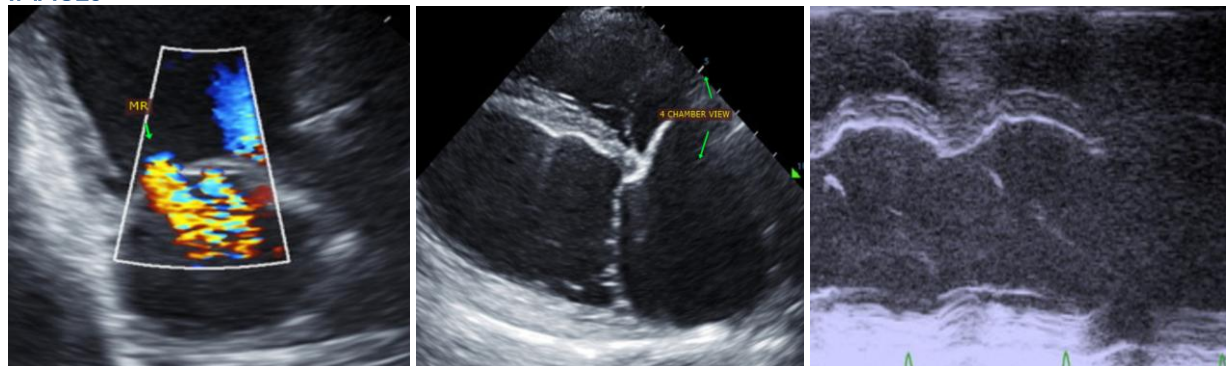
PLAN:

Baseline ECG recommended. Institute Spironolactone to 1-2mg/kg PO q12h. Increase Lasix to 40mg PO q12h. Continue Pimobendan 0.3mg/kg PO q12h. Institute ACE-I 0.5mg/kg PO q24h. Consider diet history/thyroid status.

Monitor a renal panel and blood pressure in 1-2 weeks, then every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical issues arise in the interim.

IMAGES





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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.

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
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