



**PATIENT**

Sadie Kluttz

**SPECIES**

Canine

**BREED**

Doberman Pinscher

**SEX**

Female Spayed

**AGE**

10.5 years

**WEIGHT**

93.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Ashley Whitesell

**HOSPITAL NAME**

Dickson Animal Clinic

**REFERRING VET**

Dr. Hovis

**INVOICE**

46303

**DATE**

1/6/26

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. BP: 120mmHg.

-Current medications: Tramadol 50mg (4 pills twice a day), Gabapentin 300mg (2 pills a day), Thyroid Tabs 1.0mg (Twice a day), Antinol (Twice a day), Benazepril 20mg (Twice a day), Metronidazole 500mg (1 1/2 pill twice a day), Glucosamine Chondroitin (1 pill twice a day), Pimobendan 15mg twice a day, Benazepril 20mg once a day.

-Pertinent previous echo findings (6/2023): DCM; stage B2.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Moderate left ventricular dilation in both systole and diastole with moderate systolic dysfunction. Normal LV wall thickness and mildly increased sphericity. Moderate left atrial enlargement. The mitral valve appears mildly thickened with no obvious prolapse into the left atrial lumen. Mild eccentric mitral regurgitation. The tricuspid valve appears normal in form and function with no TR. Mild right atrial and ventricular dilation. The aortic and pulmonic valves appear normal in morphology and mobility. 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	NM	NA	NM	1.7	20	36	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	1.5	1.0	42.4	4.3	5.5	4.4
*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**

Compared to the prior study, findings appear similar. The LA and LV are both dilated with moderate LV dysfunction, consistent with DCM phenotype. Mild MR is present, which is likely secondary. No additional issues are seen.

Given these findings, continuing Pimobendan and Benazepril are reasonable going forward. This patient has remained remarkably stable, given the time frame which is notable. Careful



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monitoring at home is advised to screen for impending of complications. In the absence of clinical signs, no additional medications are indicated.

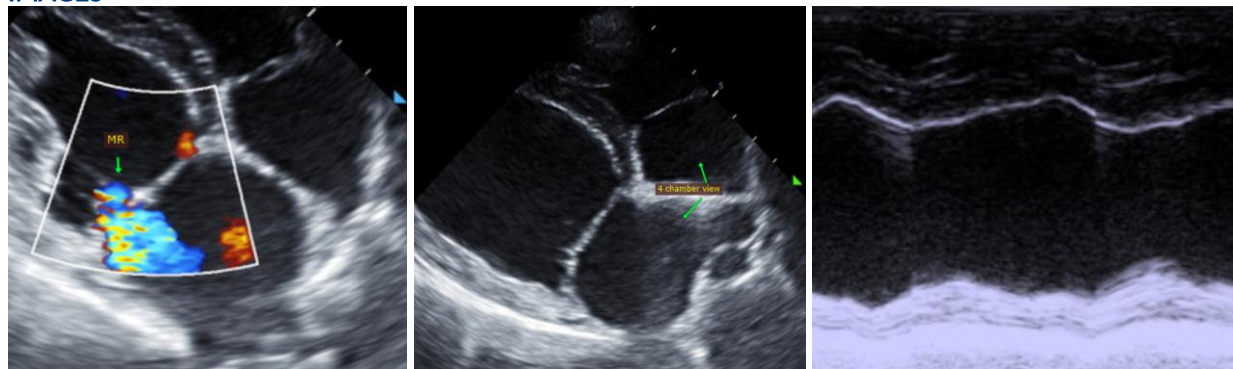
Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to screen for progression in the future. Mild activity restriction is advised. Omega fatty acid supplementation and mild salt restriction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

## PLAN

Continue Pimobendan 0.25-0.3mg/kg PO q12h. Continue Benazepril 0.5mg/kg PO q12h.

A recheck echocardiogram is recommended in 6 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.

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