



PATIENT

Virgil Landers

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Male Neutered

AGE

3 years

WEIGHT

82.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

L. Daniel, DVM

HOSPITAL NAME

Village Veterinary
Clinic

REFERRING VET

Dr. Kuykendall

PRESENTING CLINICAL SIGNS

History: Recheck echo. Balloon valvuloplasty performed at AUCVM 8/26/22.

-Current medications: Atenolol.

-Pertinent previous echo findings: Severe pulmonic stenosis (PG 120mmHg) with fused PV leaflets., post stenotic MPA dilation, moderate RAE and moderate RV concentric hypertrophy.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation. Normal left atrial dimension. Normal LV diameter with borderline myocardial function. The LV wall is normal. The tricuspid valve appears normal with no tricuspid regurgitation present. Moderate right atrial dilation. Mild to moderate right ventricular hypertrophy and remodeling indicative of pressure overload. Recorded velocity through the pulmonic outflow tract is normal; however, this is suspected to be underestimation. Trace pulmonic insufficiency. The pulmonic valve cannot be visualized. No significant MPA dilation. The aortic valve appears to have normal morphology and mobility. No AI. No obvious cardiac shunts are visualized. No pericardial or pleural effusion 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	2.0	NM	1.2	25	48	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	120	NM	1.6	37.5	3.0	4.4	3.3
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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

Pulmonic stenosis persists, as was previously diagnosed. What is seen here is suspected to reflect moderate disease based upon persistent right heart enlargement. The pulmonic valve is not well visualized and a normal velocity through the region is suspected to be inaccurate; however, this would overall likely suggest stable disease. The left heart is essentially normal without significant dilation. The fractional shortening is borderline for this signalment, which should be monitored going forward. No additional issues are identified.

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Given these findings, reasonable to continue Atenolol going forward. No obvious evidence of DCM at this time; however, serial monitoring is advised. **Premature beats are noted throughout the study and an ECG is strongly recommended.**

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Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised. Omega fatty acid supplementation may have some long term benefit, given these cases are predisposed to development of arrhythmias going forward.

BREED

Doberman Pinscher

Anesthetic risk is mild to moderate at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary. Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O₂ if possible. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.

SEX

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PLAN

Continue Atenolol maintaining a stressed heart rate of <130bpm. **An ECG and/or holter monitor is strongly recommended.**

WEIGHT

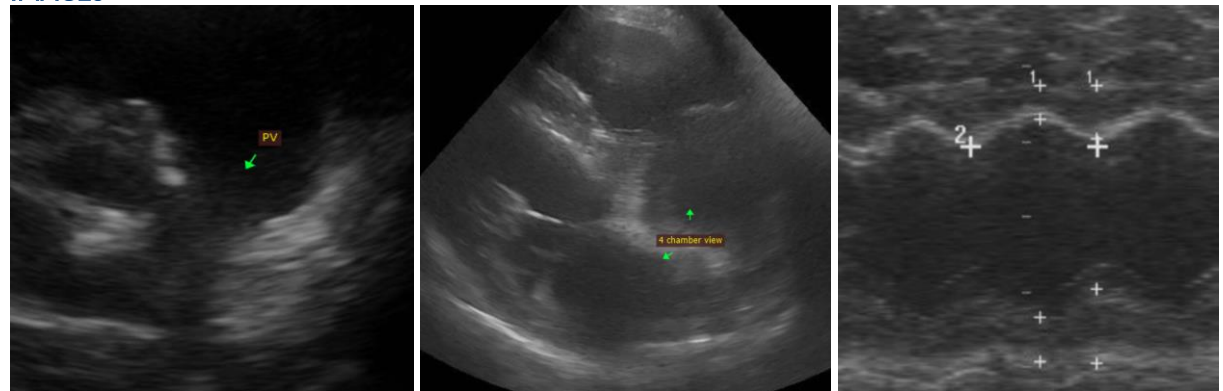
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Recommend recheck echocardiogram in 6 months to assess for progression, response to medication.

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IMAGES



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Dr. Kuykendall

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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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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Maggie Machen Lamy, DVM

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