



PATIENT

Ponza Nunn

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Male Neutered

AGE

9.2 years

WEIGHT

105lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

VCA Hanson Animal
Hospital

REFERRING VET

Dr. Jewett

INVOICE

28191

DATE

1/9/23

PRESENTING CLINICAL SIGNS

History: History of progressive heart murmur, now grade II-III/VI. Recently presented for a "gag-like" cough that now happens 2-3 times daily. Cough occurs during the day or night, at rest or exercise. No appreciable exercise intolerance. Overweight. No interaction with other dogs other than his housemate (who hasn't been around other dogs either). CRT<2, strong synchronous femoral pulses. CBC/Chem submitted today. BP: 180, 165, 150mmHg. History of eating Purina One foods since puppyhood.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is increased with mild to moderate systolic dysfunction. LV thicknesses are normal.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild mitral regurgitation with a normal velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal RV dimension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	2.8
LA diam (cm)	4.0
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.95
LVID diastole (cm)	5.5
PW thickness (cm)	0.95
LVID systole (cm)	4.3
FS (%)	22

Doppler Measurements

PV Vmax (m/s)	0.94
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	4.9
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Mitral and trace tricuspid regurgitation are identified, in addition to mild LV dilation/dysfunction and mild LA enlargement. The academic diagnosis of primary valve disease with dysfunction versus primary myocardial disease could be argued in this case. The eccentric nature of the MR would support the latter; however, this is purely academic. Regardless, there is only mild left atrial dilation indicating a low risk for imminent complication. No additional issues such as pulmonary hypertension are identified.

Given the echo findings and the recent evidence of grain free diets leading to DCM in some (but certainly not all) dogs, highly recommend a thorough diet history and avoidance of grain-free options in this patient. A taurine supplement should also be administered on



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the off chance of a malabsorption issue. Given the breed, primary dysfunction is certainly suspected. Close monitoring for progression is advised. No clear indication for Pimobendan at this juncture (mild atrial dilation); however, if any progression is noted this will be advised.

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A cough in this patient is unlikely to be cardiac in origin due to only mild changes. Further treatment/evaluation is suspect lower airway disease is recommended, including a course of Baytril, more aggressive dose of Hydrocodone (0.2-0.4m/kg up to q4h prn, TTW/BAL, etc.).

BREED

Doberman Pinscher

RECOMMENDATIONS

SEX

Male Neutered

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.

- Thorough diet history should be considered.

- Administer taurine supplement; 1000mg PO q12h.

AGE

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- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

- Consider further airway treatment/work-up as discussed.

- 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.

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105lbs

- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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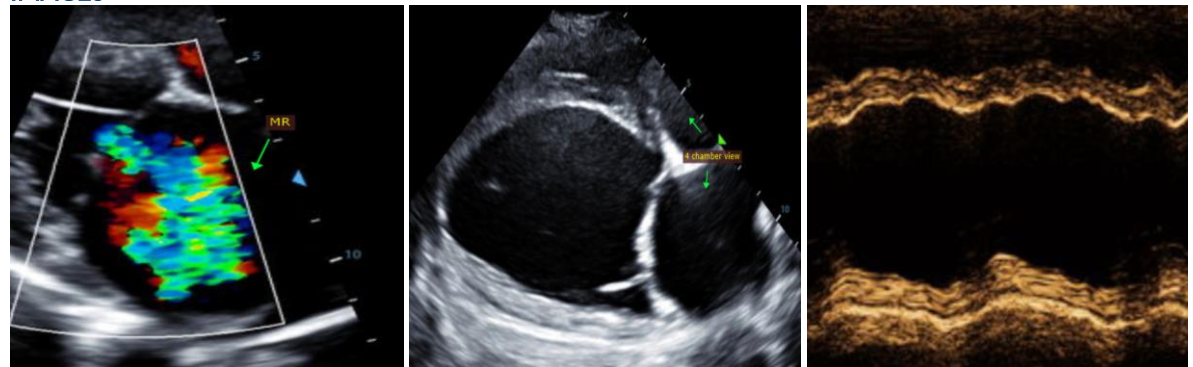
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

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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.

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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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