



PATIENT

Phoebe Klatt

SPECIES

Canine

BREED

Labradoodle

SEX

Female Spayed

AGE

7 years

WEIGHT

81.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Cory, DVM

HOSPITAL NAME

Brighton Veterinary
Clinic P. C. Inc.

REFERRING VET

Dr. Nairn

INVOICE

45650

DATE

11/4/25

PRESENTING CLINICAL SIGNS

History: Coughing since early October. Started Furosemide 60mg PO BID 2 weeks ago, decreased to 40mg PO BID 1 week ago and started Vetmedin. Cough much improved on Vetmedin. Tachycardic, has a gallop on auscultation, grade 2/6 systolic heart murmur PMI L heart base but also heard on R heart base. Distended abdomen (suspect from hepatic congestion), no free fluid seen on AUS. Diet: Is currently on Proplan but O says was on a Kirkland grain-inclusive diet for 2 years before this, and before that was on Pulsar (2 years + ago).

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Cardiomegaly with concern for CHF.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 5mm/mV. The average heart rate is 140bpm with a normal sinus rhythm. P for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Marked left ventricular dilation with marked dysfunction. Severe left atrial enlargement. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Mild mitral regurgitation secondary to annular stretch. Normal MR velocity. Decreased LV wall thickness and increased sphericity. The tricuspid valve appears normal in form and function with trace TR. Normal velocity. Mild right atrial and ventricular dilation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present. Normal LVOT and RVOT velocities. No aortic insufficiency. Normal pulmonic valve with mild pulmonic insufficiency seen. Scant pericardial and 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	4.5	2.5	2.2	2.0	13	28	0.25
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		0.8	0.9	37.0	4.6	6.6	5.8
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this patient has end-stage cardiomyopathy and systolic dysfunction. This is causing dilation and overload of the left heart resulting in insufficiency of the mitral valve. The degree of marked dilation and pump failure is resulting in congestive heart failure (pulmonary edema). The right heart is also affected with mild enlargement overall and development of right-sided congestion. No additional issues are seen, and the ECG is normal.

Systolic failure can be primary in nature (DCM) or secondary to taurine deficiency, myocarditis, tachycardia-induced cardiomyopathy, or infiltrative disease such as lymphoma. In an atypical breed, genetic primary DCM is possible; however, other possibilities should certainly be considered. A thyroid status should be obtained. The diet may or may not be related, as this is not one of the typical affected breeds. Supplementing Taurine may be reasonable regardless. Prognosis is poor to grave at this stage in the disease process, with an average survival time of <6 months. Most dogs will succumb to either refractory CHF or sudden arrhythmic death at any time, and this risk should be relayed regardless of therapy.

Continuation of full cardiac supportive medications is recommended as below. If the patient appears unstable, hospitalization for supportive care is ideal. Cases of systolic failure are at high risk for malignant tachyarrhythmias (such as VT) and sudden death, and a baseline ECG and/or 24-hour holter monitor is recommended.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, worsening labored breathing, 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.

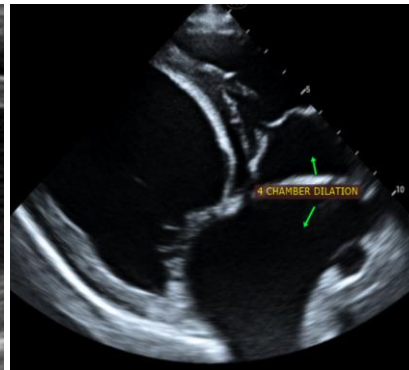
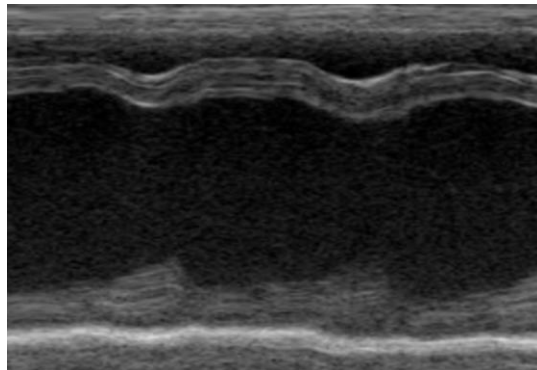
PLAN:

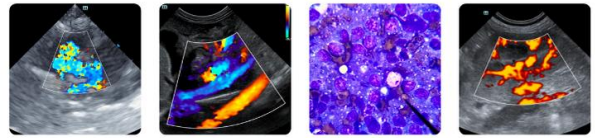
Continue Furosemide 1-2mg/kg PO q12h. Continue Pimobendan 0.25-0.3mg/kg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h. Supplement Taurine 1000mg PO q12h.

Recheck renal panel, BP and clinical response in 5-7 days, then every 3-4 months lifelong (sooner if any decline). IF BP is >130mmHg and patient is doing well, institute ACE-I 0.5mg/kg PO 12h.

Recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise in the interim.

IMAGES





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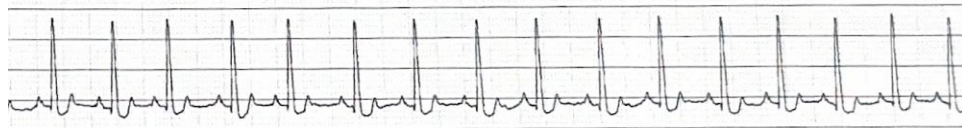
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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