



PATIENT

Rookie Morrissey

SPECIES

Canine

BREED

Doberman

SEX

Male Neutered

AGE

9 years

WEIGHT

39.3kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Nigel Gumley, DVM

HOSPITAL NAME

Cedarview Animal
Hospital

REFERRING VET

Dr. Gumley

INVOICE

27329

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Pimobendan 10mg BID and thyroxine 0.9mg BID in addition to desiccated thyroid. No clinical signs of cardiac disease, no exercise intolerance, fainting or coughing.

-Abnormal PE/Chem/CBC/UA Results: CBC, chemistries.

-Increase in ventricular arrhythmias on recent Holter.

-Pertinent previous echo findings (5/2022 MML): No LVE with mild depressed FS: 23%. No LAE: 3.1cm. LV: 4.8/3.9.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. No significant left ventricular dilation with mildly decreased myocardial function. No left atrial enlargement. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Mild anterior-directed mitral regurgitation. The tricuspid valve appears normal in form and function. No right atrial or ventricular dilation. No tricuspid regurgitation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present. Normal LVOT and RVOT velocity. No aortic insufficiency. Normal pulmonic valve with trace pulmonic insufficiency seen. 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	1.1	24	40	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	1.4	1.8	39.3	2.5	4.6	3.5
*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

Persistently stable cardiac dimensions and function are seen in this study. The LV is unchanged without left or right heart enlargement. A mitral leak is noted, which was not previously documented and follow up is advised. No additional issues are identified.



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Given these findings, continue Pimobendan as prescribed. Prognosis remains guarded long-term with risk for progression to CHF, malignant arrhythmias and/or sudden death in the future.

SPECIES

Canine

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.

BREED

Doberman

Anesthetic risk is considered mildly elevated 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. This does not take into account the VPCs which again should be dictated by the holter monitor results.

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PLAN

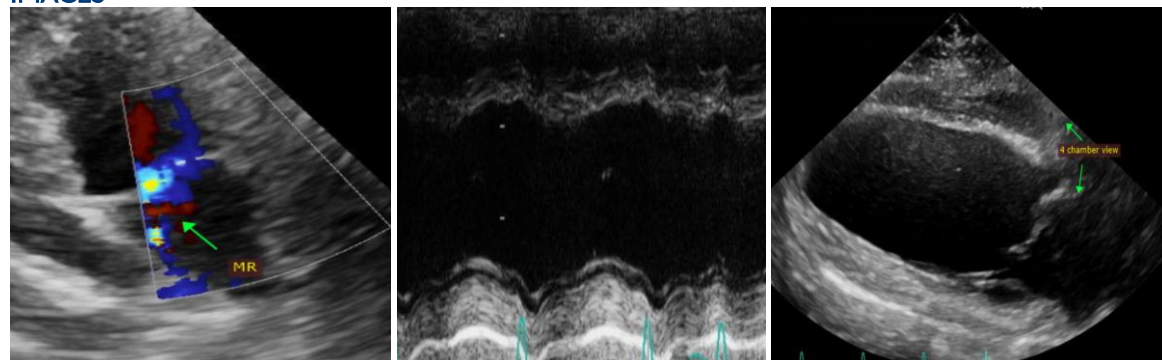
Continue Pimobendan as prescribed.

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Given stable serial exams, a recheck echocardiogram is recommended in 6-12 months to screen for progression, sooner if clinical signs arise.

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.

REFERRING VET

Dr. Gumley

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.

INVOICE

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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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