



PATIENT

Bow Liberti

SPECIES

Canine

BREED

German SH Pointer

SEX

Male

AGE

10 years

WEIGHT

102lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony Animal
 Hospital

REFERRING VET

Dr. Eppler

INVOICE

46644

DATE

2/2/26

PRESENTING CLINICAL SIGNS

History: Decreased activity/motility. Increased HR. No murmur. Receiving Doxycycline.
 -Abnormal PE/Chem/CBC/UA Results: Anaplasma (+); 1/27:26-Alt 135; Alp 447; Mono 4.14

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Focal soft tissue lesion associated with the aortic valve. Lesion is causing a mild aortic outflow stenosis and moderate AI. The MV appears mildly thickened with no significant MR. No LA dilation. The LV is normal in dimension with adequate function. The tricuspid valve appears normal with no regurgitation. No overt evidence of pulmonary arterial hypertension. The pulmonic valve is normal in morphology and mobility. Main pulmonary artery appears normal in diameter. Normal pulmonic outflow velocities. No pulmonic insufficiency. No pericardial effusion. Pockets of pleural effusion noted. No cardiac tumors visualized.

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	1.3	42	78	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		2.0	0.8	46.3	3.3	4.8	2.0
*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)
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

A lesion associated with the aortic valve is identified, causing aortic insufficiency and a mild forward obstruction/stenosis. The remainder of the findings are normal, with no LA or LV dilation and adequate function. The findings are highly concerning for valvular endocarditis, particularly in light of a systemically ill patient.

Endocarditis (infection of the heart valve) is exceedingly rare; however, is more common in younger large breed dogs. A definitive diagnosis carries a poor prognosis, with only 50% surviving hospitalization and a long term MST of 2 months. Aortic valve infections carry an even worse outcome, with a MST of weeks. The most common organisms is Bartonella for the AoV (streptococci or staphylococcus for the MV). Based upon these statistics and the current unwell



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nature of the patient, recommended immediate hospitalization for broad spectrum IV antibiotic therapy (Unasyn and Baytril or Clavamox and Baytril if hospitalization is declined) and azithromycin to cover for Bartonella. Blood cultures are certainly indicated prior to initiating antimicrobial therapy if possible. Additionally, thromboprophylaxis using Plavix is recommended (half the cases will have thromboembolic disease). Finally, with any degree of volume overload there is risk for decompensation going forward. Consider Pimobendan as below to help stabilize the situation. No clear indication for sildenafil therapy or diuretic therapy at this time. Antibiotic therapy should be administered IV for as long as possible (while hospitalized) and then PO for at least 6-8 weeks thereafter. **Referral to a multi-specialty center should be recommended as these cases are difficult to manage in the acute phase.**

Despite these findings, it is unlikely that the pleural effusion reflects CHF in this case as the LA/LV are both normal. Sampling and further systemic work up is advised.

Unfortunately in addition to a poor prognosis with suspect endocarditis, if the patient survives there is a chance the damage to the valve/cardiac dilation is permanent and may lead to CHF in the future. Additionally, endocarditis is typically secondary to some inciting infectious origin (UTI, skin lesion, etc.) and a thorough history and systemic work up is recommended.

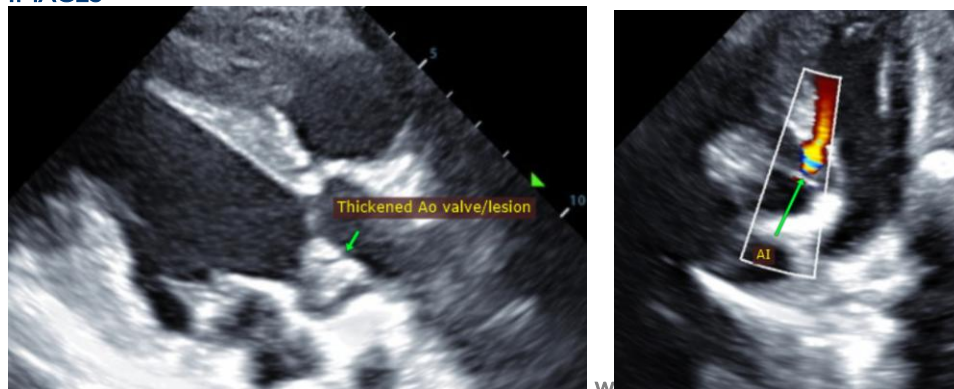
Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of progressive labored breathing, exercise intolerance or collapse episodes in the future.

PLAN

Highly recommend referral to a multi-specialty center for supportive care and further evaluation. If declined, blood cultures and hospitalization for IV antibiotic therapy and supportive care is recommended. Initiate pump support Pimobendan 0.2-0.3mg/kg PO BID. Consider systemic evaluation as discussed above.

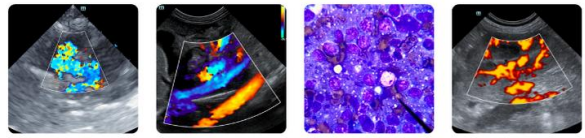
Recheck echocardiogram in 2-3 months to reassess lesion, cardiac function and LA/LV dilation.

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



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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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