

PATIENT

Athena Lyle

SPECIES

Canine

BREED

Doberman

SEX

Female Spayed

AGE

10.5years

WEIGHT

88lbs; 3.9.kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Liz Gray, DVM

HOSPITAL NAME

Brookwood Animal
Clinic

REFERRING VET

Dr. Loomis

INVOICE

22700

DATE

2/20/22

PRESENTING CLINICAL SIGNS

History: Recheck echo prior to anesthesia. Worsening heart murmur, was grade 1-2, now grade 3/6
 -Current medications: Pimobendan 10mg BID, thyroxin 0.9mg BID, meloxidyl q d.
 -Abnormal PE/Chem/CBC/UA Results: Adult chem/cbc/t4 – ALP 309 all else normal.
 -Pertinent previous echo findings (2019 MML): Moderate MR, mild to moderate LAE, mild LVE, mild LV dysfunction. Pimobendan recommended. LA: 3.9, LV: 5.8/4.4, FS: 25%.

ECHOCARDIOGRAM FINDINGS

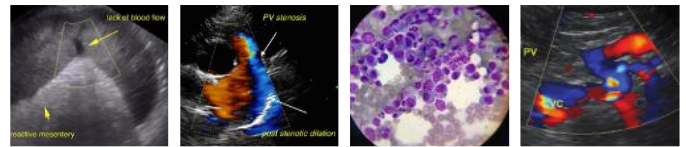
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Moderate mitral regurgitation with mild to moderate left atrial dilation. Normal MR velocity. Mild LV dilation with increased sphericity. Adequate LV function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	5.6	NA	NM	1.55	27	53	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	1.2	3.9	3.8	5.6	4.1
*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

Chronic degenerative valve disease persists with evidence of remarkable stability. While the murmur has reportedly increased the quantity of MR and left heart dimensions are stable. A small aortic leak is identified, and a baseline blood pressure is recommended. The LV function remains intact for this breed and there is no evidence of primary cardiomyopathy. No additional issues are noted.



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Given these findings, continue Pimobendan as previously prescribed. Periodic ECG/holter monitoring remains advised in this predisposed breed, particularly prior to anesthesia.

SPECIES

Canine

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

BREED

Doberman

Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Pre-medicate with low dose vagolytic due to high vagal tone. 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.

SEX

Female Spayed

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

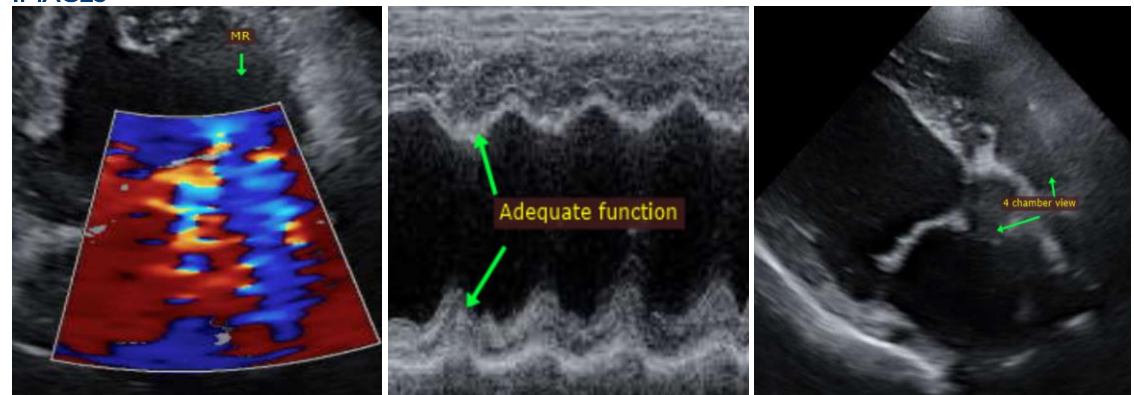
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Liz Gray, DVM

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.

HOSPITAL NAME

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Dr. Loomis

Maggie Machen Lamy, DVM
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