



PATIENT

Comet Schutzenhofer

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

2 years

WEIGHT

56lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Groves

INVOICE

47207

DATE

3/11/26

PRESENTING CLINICAL SIGNS

History: Recheck echo – previously diagnosed with DCM. Cardiomegaly diagnosed 1/2025. Heart disease and cardiomyopathy diagnosed 10/2025. On Vetmedin 5mg started 11/2025; 1 ½ PO q12h. -Pertinent previous echo findings (10/2025 AI, AVBP): LV: 6.3/4.7, FS: 25%, LA/AO: 1.2.

ECHOCARDIOGRAM FINDINGS

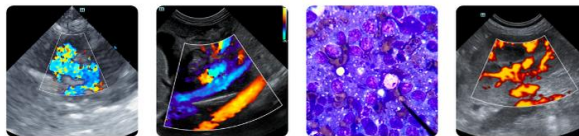
2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild central mitral regurgitation with a normal left atrial dimension. Normal MR velocity. Mild LV dilation in systole with mild systolic dysfunction (LVIDdN: 1.75, LVIDsN: 1.23). The tricuspid valve appears mildly thickened without normal closure with mild tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology; no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Mildly elevated. LVOT. Normal RVOT velocities. No aortic and trace 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	5.0	2.7	1.4	1.2	25	48	0.7
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	1.7	1.3	25.4	2.4	4.5	3.4
BODY WEIGHT DEPENDENT PARAMETERS							
<i>*Normal chamber parameters expressed as a mean value (SD)</i>				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				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

Mild abnormalities are identified in this study. First, there is mild MR and TR, which is somewhat surprising in a two-year-old dog. The tricuspid valve does appear mildly dysplastic, likely consistent with tricuspid valve dysplasia. This appears largely subclinical and of little hemodynamic significance. There is also a mildly elevated aortic outflow velocity, which appears benign and may contribute to murmur genesis. Finally, and potentially most important, there is mild LV dilation in both systole and diastole with mild dysfunction overall. The relevance of this is unknown in a 2-year-old dog and my opinion a normal variant is possible. A BNP level may be helpful to raise or lower index of suspicion. That being said, the difference between the two



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evaluations of LV dimensions is marked (rule out interobserver variability versus true improvement on Pimobendan) yet the FS similar. Despite these findings, the LA is normal across serial exams, suggesting low risk for complication. No additional issues are seen.

LV dilation and dysfunction is unexpected in a 2-year-old dog. Highly recommend obtaining a thorough diet history, thyroid status and screen for any prior infectious or inflammatory insults, even in utero.

It may be reasonable to trial discontinue Pimobendan in this case, particularly given that the left atrium was never enlarged. Otherwise, we are committing this patient to lifelong cardiac therapy that may or may not be indicated. Consider referral in this complicated case if elected.

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

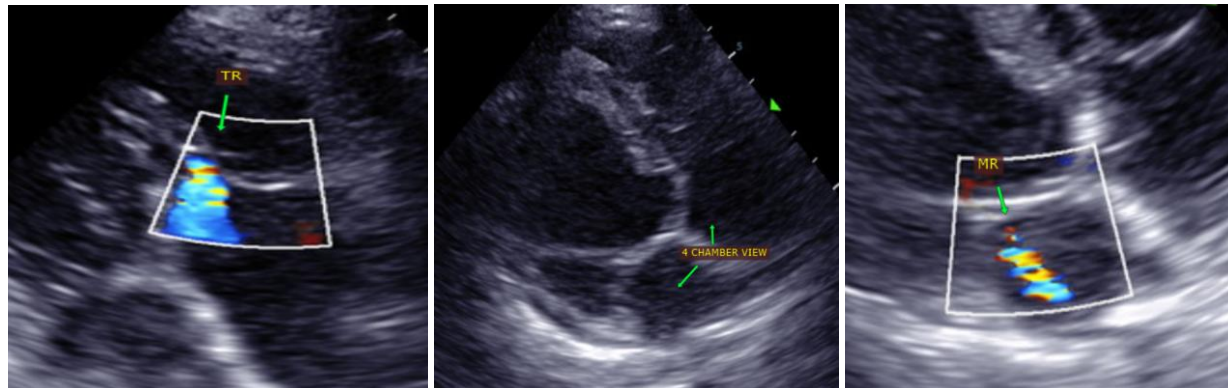
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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. Avoid alpha 2 agonists such as Dexdomitor.

PLAN

Diet history/thyroid status and extensive patient history should be obtained. Consider discontinue Pimobendan as discussed with reassessment in 6 months. Consider referral given the complicated nature of the findings.

Recommend conservative monitoring with a recheck echocardiogram in 6 months either way to screen for any progressive changes.

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.



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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.

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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