



PATIENT

Rosie Conti

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female Spayed

AGE

13 years

WEIGHT

64lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Ark Veterinary
 Clinic

REFERRING VET

Dr. Mercer

INVOICE

29740

DATE

3/21/23

PRESENTING CLINICAL SIGNS

History: Cough/hack after walks. Possible mild laryngeal paralysis.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild left ventricular dilation with moderately depressed systolic function. Mildly decreased LV wall thickness and increased sphericity. Moderate left atrial enlargement. The mitral valve appears mildly thickened with no obvious prolapse into the left atrial lumen. Mild central mitral regurgitation. The tricuspid valve appears normal in form and function with trace TR. Mild right atrial and ventricular dilation. The aortic and pulmonic valves appear normal in morphology and mobility. No AI or PI. Low normal LVOT/RVOT velocity. 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	NM	1.5	1.6	16	30	0.9
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	1.1	0.7	29.0	3.5	5.0	4.2
*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)
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				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

Unfortunately this patient has changes most consistent with occult Dilated Cardiomyopathy (DCM). There is a decline in systolic function, accompanied by mild LV dilation and increased sphericity. Mild MR is noted, which may represent concurrent mild chronic degenerative valve disease or may simply be secondary to dilation. The LA is only moderately dilated, indicating risk for complication going forward. In the future the risk will likely increase for development of congestive heart failure, malignant arrhythmias (AF, VT), collapse and/or sudden death.



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Systolic failure can be primary in nature (DCM) or secondary to taurine deficiency, certain drugs such as Doxorubicin, myocarditis, hypothyroidism, tachycardia-induced cardiomyopathy, or infiltrative disease such as lymphoma. In a senior large breed dog, primary disease is certainly possible. That being said, consider testing for primary causes that may be treatable such as a full thyroid panel. A cTnI level can be submitted to further investigate possible Infiltrative/inflammatory damage (myocarditis; not suspected). Finally a taurine level may be helpful (to screen for concurrent malabsorption issue). Regardless of result, I would institute a taurine supplement to cover all bases. A thorough diet history is recommended, assessing for grain free, boutique brands and/or exotic ingredient options with a diet change if indicated. Regardless of cause, prognosis is guarded long term with risk for complications going forward.

Even with these findings, the cough may or may not be cardiogenic in origin. CXR are strongly recommended to understand the extent of possible pulmonary disease versus early congestion. Recommend Pimobendan in this case and close monitoring will help give the best prognosis possible. A baseline BP is also recommended with institution of an ACE-I if warranted.

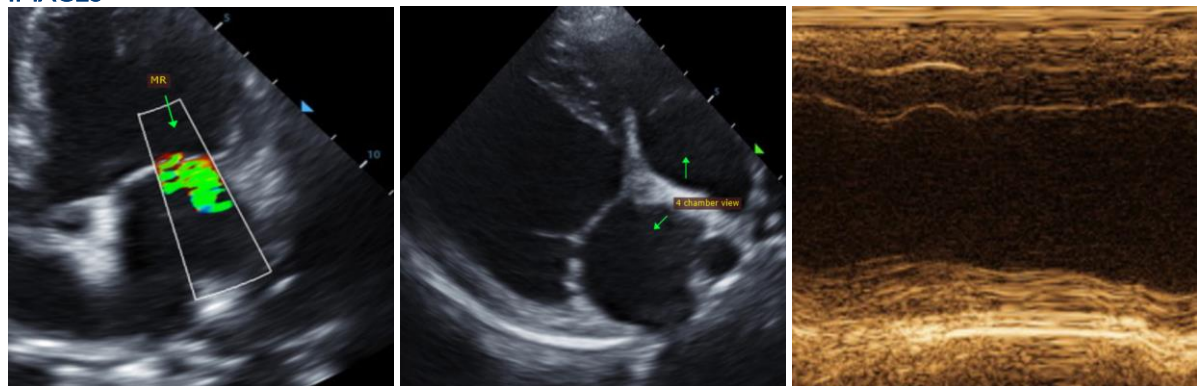
Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to screen for progression in the future. Mild activity restriction is advised. Omega fatty acid supplementation and mild salt restriction may be of some long term benefit.

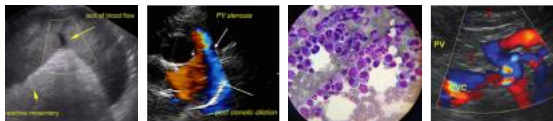
PLAN

Institute Pimobendan 0.25-0.3mg/kg PO q12h. Baseline CXR and BP are recommended. If BP is >130mmHg, institution of an ACEI (0.5mg/kg PO q12) is recommended. Institute taurine supplement 1000mg PO q12h. Consider thyroid panel, diet, taurine level as discussed.

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

IMAGES





PATIENT

Rosie Conti

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.

SPECIES

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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.

BREED

Labrador Retriever

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

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