

PATIENT

Tank Dourmurat

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Male Neutered

AGE

9 years

WEIGHT

80.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29768

DATE

3/22/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History VPCs. History borderline systolic dysfunction on echocardiogram, 8/30/22 (MML). Presently, Tank is doing well - good appetite and active. No syncope or collapse. On exam: transient arrhythmia, no murmurs noted, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 120mmHg x 3. Current medications: 1) Vitamin E 200mg daily 2) Lecithin 1200mg daily 3) CoQ 10 90mg daily 4) Taurine 500mg daily 5) Cosequin daily 6) Fish oil daily 7) Chelated magnesium 200mg daily 8) L-carnitine 500mg daily 9) Vitamin C daily 10) Flax seed daily 11) Sotalol 80mg 3/4 tab twice a day *No sedation for study.

-Pertinent previous echo findings: LA 3.1 cm; LA:Ao 1.1; LV 4.8 cm, borderline LV diameter with borderline myocardial dysfunction, trace AI, trace MR/TR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with mild myocardial dysfunction. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace/mild eccentric mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 80bpm.

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 3.0 |
| LA diam (cm) | 3.7 |
| LA:Ao (Swe) | 1.2 |
| IVS thickness (cm) | 0.9 |
| LVID diastole (cm) | 4.7 |
| PW thickness (cm) | 0.9 |
| LVID systole (cm) | 3.7 |
| FS (%) | 21 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.84 |
| AoV Vmax (m/s) | 1.4 |
| MR Vmax (m/s) | |
| TR Vmax (m/s) | |
| TR PG (mmHg) | |

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is slight progression in LV dysfunction. The LV dimension is similar to previous; however, the fractional shortening is mildly decreased. The LA remains normal indicating low risk for complication. Trace AI, MR and TR are all unchanged and no additional issues are identified.

Given these findings, consider addition of Pimobendan even without significant LA dilation. This is a conservative recommendation; however, this is based upon a history of arrhythmias and a highly predisposed signalment. No additional medications are warranted



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at this time. Reassessment is recommended in 6 months to screen for continued progression.

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The ECG is unremarkable; however, an extended screening and/or holter monitor should be considered every 6 months.

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Prognosis remains guarded long-term, given the signalment and history of ventricular arrhythmias.

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RECOMMENDATIONS

- Institute Pimobendan 0.3mg/kg PO q12h.
- Given these findings, no cardiac medications are clearly indicated.
- Continue Taurine supplement, 1000mg PO q12h.
- Omega fatty acid supplementation may be of some long-term benefit.
- From a structural standpoint the anesthetic risk is considered mild; however, the arrhythmia warrants further treatment.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

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

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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. Masloski

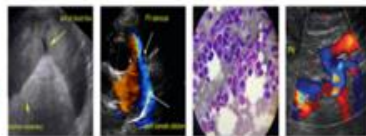
Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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info@sonopath.com

DATE
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Echocardiogram performed by: Pamela Harrigan, RDCS



Pet Animal Ultrasound Service (4paus.com)

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