



PATIENT

Reggie Benner

SPECIES

Canine

BREED

Doberman Mix

SEX

Male Neutered

AGE

8.5 years

WEIGHT

95lbs

PRESENTING CLINICAL SIGNS

History: Routine screening. BP: 153, 159, 146mmHg.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 100bpm (range 79-125bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no obvious prolapse into the left atrial lumen. Trivial mitral regurgitation with normal left atrial dimension. Normal LV diameter with normal myocardial function for this breed. Normal LV wall thickness. The tricuspid valve is normal with trivial TR. Normal velocity. 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 aortic outflow velocities; laminar flow. Normal pulmonary outflow velocity with trace pulmonic insufficiency. No pericardial or pleural effusion noted.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Loetitia St-Jacques,
 LVT/RVT

HOSPITAL NAME

Incline Veterinary
 Hospital

REFERRING VET

Dr. Moger

INVOICE

23322

DATE

3/28/22

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	NA	2.7	NM	1.3	33	60	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	1.2	1.4	43.1	3.8	4.7	3.1
*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)

:



Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

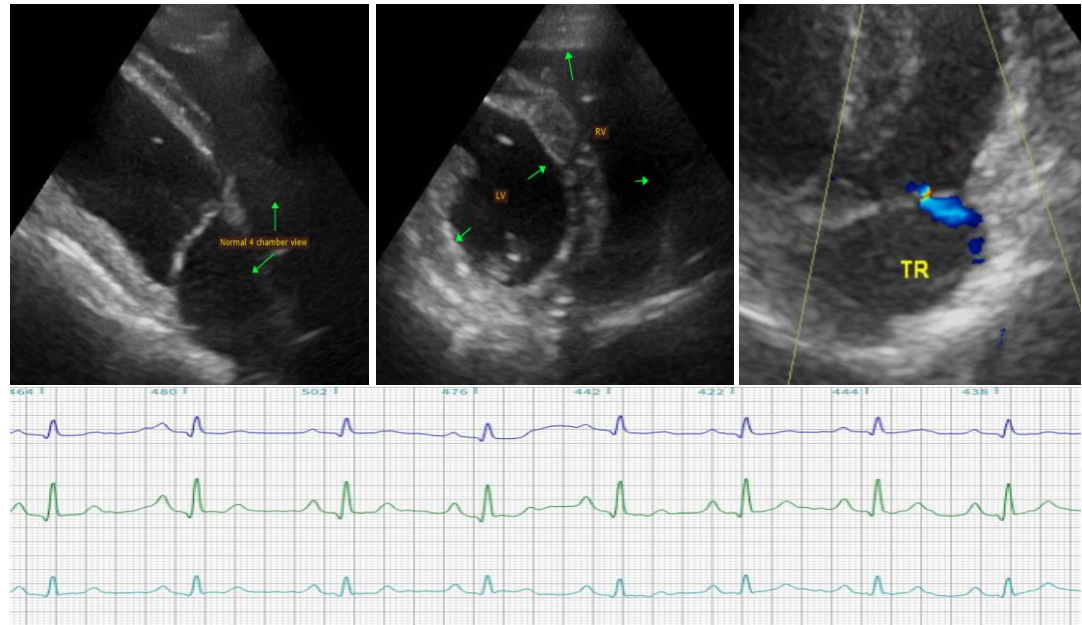
The cardiac structure and function in this patient are overtly normal, with no evidence of occult DCM or valve disease. The function is normal for this signalment, and no significant valvular issues or structural changes are appreciated. An extended ECG shows no ventricular arrhythmias and a normal sinus rhythm.

Recheck echocardiograms every 6-12 months is indicated in this predisposed breed. Additionally, holter monitoring every 6-12 months can and should also be considered to screen for the arrhythmic form of disease. Finally, the BNP test has also been shown to be a decent predictor of occult DCM and can consider routine screening going forward.

No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. I generally recommend fish oil supplementation in any Doberman, given the anti-arrhythmic properties of omega fatty acids.

Recheck every 6-12 months, sooner if clinical signs or a heart murmur arises.

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 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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