



PATIENT

Qadir Jackson

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Male Neutered

AGE

5 years

WEIGHT

71lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Gunther, DVM

HOSPITAL NAME

New Frontier Animal
Medical Center

REFERRING VET

Dr. Gunther

INVOICE

29918

DATE

3/29/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Genetic testing - DCM2 heterozygous 1 copy suspected. Syncopal episode in April 2022 (none since). History of hypothyroidism (controlled with Levothyroxine). PLN. Normal BP. -Current medications: Thyro-Tabs, Prednisone 5mg PO OED Benazepril 10mg 1 PO BID Vetmedin 10mg 1 PO BID Clopidogrel 75mg 1/2 PO SID Gabapentin 100mg am and 200mg PO Hydroxyzine Tramadol Omega fatty acid supplementation. -Abnormal PE/Chem/CBC/UA Results: Mild hypoalbuminemia proteinuria. -Pertinent previous echo findings (3/2022): NSR, no VPCs. No LV enlargement, mild MR, normal LA. History of DCM with improved function: 23% (was previously 7%).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. Trace/mild mitral regurgitation with a normal left atrial dimension. Normal LV diameter with adequate myocardial 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	NM	NA	NM	1.1	26	50	0.2
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	130	NM	0.8	32.2	2.7	3.4	2.5
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. Trace/mild MR is similar to previous and appears hemodynamically insignificant. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.



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The history in this case is highly unusual. The patient initially had severe DCM with a FS of 7%, which has dramatically improved since. What is seen here shows a normal heart without residual dysfunction or dilation. Without an inciting cause such as an atypical diet, this is extremely unusual to see, particularly in a Doberman. It is unclear at this time if the patient requires Pimobendan or Benazepril going forward. For now, discontinuing Benazepril seems reasonable as IM would like to utilize Telmasartan. Continue Pimobendan for the time-being; however, an additional stable exam may suggest this is also unnecessary.

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

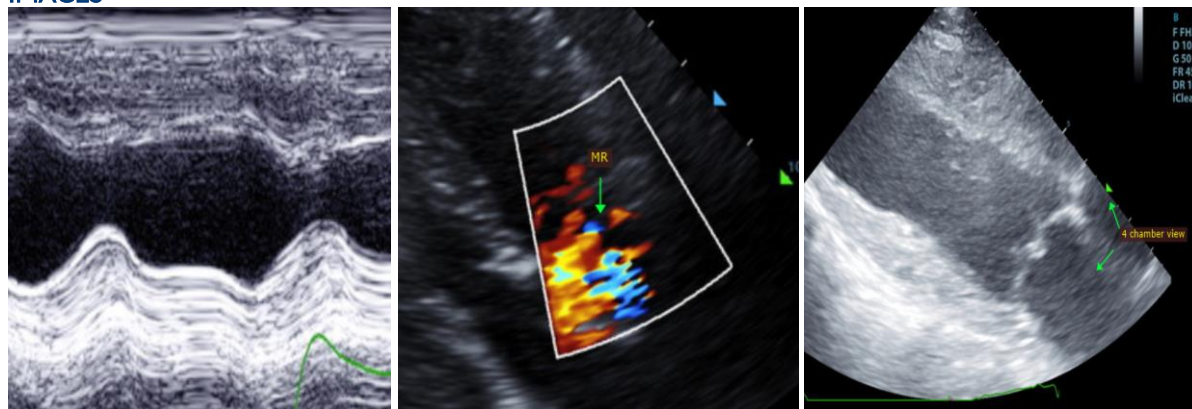
Prognosis is open. There may be risk for progression to true DCM in the future given genetic testing and predisposed breed. Serial holter/echo monitoring is recommended lifelong .

PLAN

Continue Pimobendan as prescribed. Discontinue Benazepril.

A recheck echocardiogram is recommended 1 year. If persistent stability, consider discontinue Pimobendan at that time.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com



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