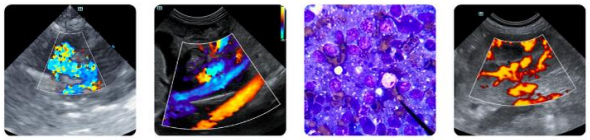


PATIENT

Lincoln Brockington

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

10.8 years

WEIGHT

73.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kristen Carpenter, DVM

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Carpenter

INVOICE

47397

DATE

4/1/26

PRESENTING CLINICAL SIGNS

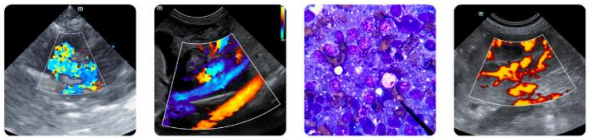
History: Presented on 3/27/26 with a 1-week history of cough, hyporexia and progressive weight loss. No syncopal episodes. On Exam 6lb weight loss, muscle wasting, increased respiratory effort and cough. No overt murmur but patient was tachycardic with weaker pulses. No obvious arrhythmia noted. Decreased rectal temperature of 98.8. History of atopy and has been feeding Taste of the Wild Limited Ingredient Grain Free Recipe since at least 2021. CXR showed cardiomegaly; VHS 12.96 VLAS 2.98, increased sternal contact, possible pleural fissure lines. AFAST showed mild pericardial effusion, mild abdominal effusion (no obvious abdominal masses seen). Started on Pimobendan 10mg PO BID, Furosemide 40mg PO BID and Taurine 1000 mg PO SID. Reported clinical signs of cough have resolved and latest sleeping RR was 16bpm since Lasix and pimobendan started. No obvious pericardial effusion today and abdominal effusion appears to be resolving with scant effusion noted around the spleen/liver. Was less tachycardic today and a grade III L and R systolic murmur was ausculted. No arrhythmias heard. Temperature has returned to normal. Sedated Torb. BP: 145mmHg.
-Current medications: Apoquel 16mg PO SID, Heartgard/Frontline, Lasix, Pimobendan and Taurine
Blood pressure: 145mmHg systolic

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Significant left ventricular dilation. Increased EPSS and sphericity. Severe LV dysfunction. Severe left atrial enlargement. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Moderate central mitral regurgitation. Normal velocity. The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Normal velocity. Moderate right atrial and ventricular dilation. Mild MPA dilation. The aortic and pulmonic outflow velocities are decreased. No AI. Trace PI. 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	4.5	2.0	2.4	2.0	16	34	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	1.9	1.0	33.2	5.0	6.1	5.1
*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)
***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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				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)



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Hansson et al, Vet Rad and Ultrasound 2002 Bonagura et al. Echocardiography: principles of interpretation, Vet	40 50	2.62 (5.2) 2.88 (7.1)	5.48 (6.1) 6.07 (8.3)	3.96 (5.4) 4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this patient has significant cardiomyopathy and LV dysfunction. There is severe dilation and volume overload of both the left and right heart and severe biatrial dilation. Moderate MR and TR are identified, which may reflect a component of degenerative valve disease. No additional issues are seen.

Systolic failure can be primary in nature (DCM) or secondary to taurine deficiency, hypothyroidism, myocarditis, tachycardia-induced cardiomyopathy, or infiltrative disease such as lymphoma. In a geriatric large breed, DCM is certainly a possible diagnosis; however, the history of a non-traditional diet is of great concern. An immediate diet change is recommended to a traditional option (see WSAVA guidelines) with supplementation of a Taurine supplement as well. A baseline taurine level can be obtained; however, the recommendation is independent of reported level.

Given the severity of disease seen here, ascites is likely reflective of right-sided CHF and continued treatment is recommended as below. Even if the response to medications is good, this patient will always be at high risk for recurrent CHF, development of syncope, malignant arrhythmias and/or sudden death going forward. The prognosis is poor at this stage in the disease process, with an average survival time of <6 months.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Moderate activity restriction is advised. Monitor for development of a cough, worsening labored breathing, abdominal distention, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

PLAN:

Abdominocentesis should be performed if and when patient is uncomfortable or inappetant. Recommend the following oral medications: Institute aldosterone antagonist Spironolactone 1-2mg/kg PO q12h. Institute diuretic furosemide 1-2mg/kg PO q12h. Institute Pimobendan 0.3mg/kg PO q12h. Institute taurine supplement 1000mg PO q12h. Immediate diet change. Further workup for thoracic pathology is recommended. An immediate diet change is recommended, although the changes are likely irreversible.

Recommend recheck renal panel and blood pressure in 1-2 weeks to ensure tolerance to medications. If BP >130mmHg and doing well at home, institute ACEI 0.5mg/kg PO q12h at that time.

Recheck echocardiogram in 6 months, sooner if problems arise in the interim.

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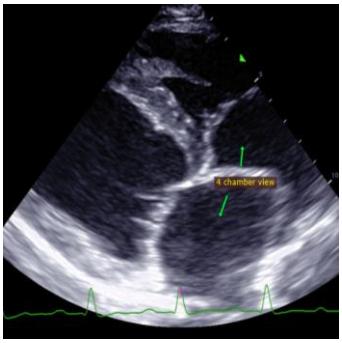
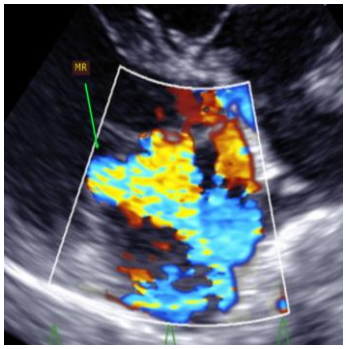
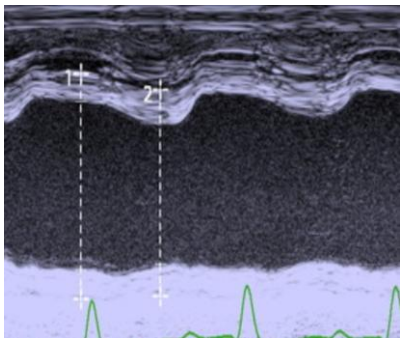
IMAGES







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