



PATIENT

Jayda Clauser

SPECIES

Canine

BREED

Doberman

SEX

Female Spayed

AGE

5.10 years

WEIGHT

82.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Myers

INVOICE

23560

DATE

4/11/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Diagnosed with DCM previously. Right-sided heart murmur on exam.

-Current medications: Gabapentin, pimobendan, enalapril, and fluoxetine.

-Sedation: Butorphanol.

-Pertinent previous echo findings (11/2021 Shane Murphy DACVIM Cardiology): Moderate LAE, severe LVE. LVIDd: 6.7, LVIDs: 5.2, FS: 2.9m/s, LA/AO: 1.79.

ECHOCARDIOGRAM FINDINGS

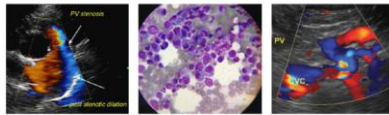
2D, m-mode, color flow and doppler imaging is available. Mild left ventricular dilation in both systole and diastole with moderately decreased systolic function. Mild to moderate left atrial enlargement. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Mild central mitral regurgitation. The tricuspid valve appears normal with trace tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. No right atrial or ventricular dilation. No tricuspid regurgitation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen.

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	3.3	NM	1.7	20	36	0.7
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	76	2.5	1.2	37.4	3.5	5.0	4.0
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to what is available from the prior study, these findings are similar. The LV is mildly dilated with a moderate decline in systolic function, most consistent with DCM. No obvious progression is seen with similar left heart dimensions. Mild pulmonary hypertension is noted, which is of unknown significance in an asymptomatic dog. No additional issues are identified.

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Given these findings, continue Pimobendan as prescribed. A holter monitor should be considered given the high predisposition for ventricular arrhythmias.

SPECIES

Canine

Prognosis is guarded long-term with risk for progression to CHF, malignant arrhythmias and/or sudden death in the future.

BREED

Doberman

Anesthetic risk is considered moderate if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

SEX

Female Spayed

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.

AGE

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PLAN

Baseline BP and ECG/holter monitor as discussed. Continue Pimobendan 0.3mg/kg PO q12h.

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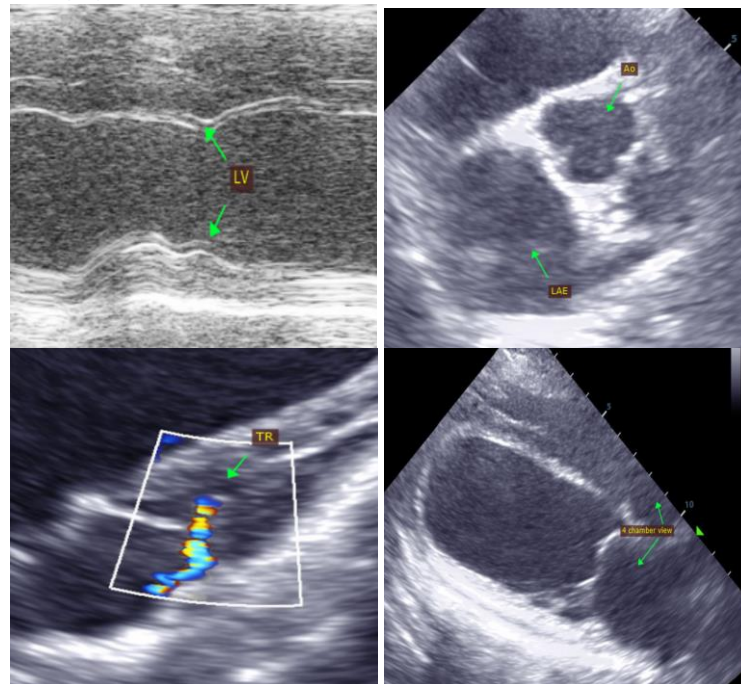
A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

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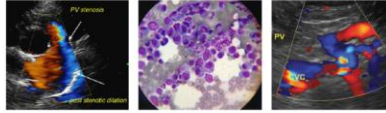
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

BREED

Doberman

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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