



PATIENT

Brodie Fancher

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Male Neutered

AGE

10 years

WEIGHT

77.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30458

DATE

4/26/23

PRESENTING CLINICAL SIGNS

History: Brodie presented to ER on 4/10/23 after collapsing in his yard with associated urination and defecation. Chest radiographs were unremarkable. Arrhythmia was noted. Referred to Mass Veterinary Services for further workup. On exam: arrhythmia, no murmurs noted, femoral pulses adequate, lung fields clear, mm pink, moist, CRT<2. BP: 110mmHg x 5. Holter monitor was performed (4/25/23 Maggie Machen Lamy, DVM, DACVIM-C): Sinus rhythm with malignant ventricular and supraventricular arrhythmias. Medications: Sotalol 80mg, 1/2-tab BID (has not been initiated); fish oils daily *No sedation for echocardiogram.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with moderate 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. No mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No 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 no 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 150bpm with frequent VPCs.

2-Dimensional Measurements

Ao diam (cm)	2.6
LA diam (cm)	3.3
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.8
LVID diastole (cm)	4.6
PW thickness (cm)	0.8
LVID systole (cm)	3.8
FS (%)	17

Doppler Measurements

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Unfortunately, this patient does have evidence of the structural form of dilated cardiomyopathy in addition to malignant arrhythmias. The LV is not significantly dilated; however, the degree of systolic dysfunction is significant. The LA is normal indicating low risk for complication 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 collapse and malignant arrhythmias. No additional medications are warranted at this time; however, Sotalol should certainly be instituted. Reassessment is recommended in 6 months to screen for continued progression.



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Prognosis remains guarded long-term, given the signalment and history of ventricular arrhythmias. Sudden death is common with this pathology and is possible at any time.

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RECOMMENDATIONS

- Institute Pimobendan 0.3mg/kg PO q12h.
- Institute Sotalol as dictated by the holter report.
- Consider Taurine supplement, 1000mg PO q12h.
- Omega fatty acid supplementation may be of some long-term benefit.
- Elective anesthesia is not advised until the patients arrhythmia is stabilized.
- 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.

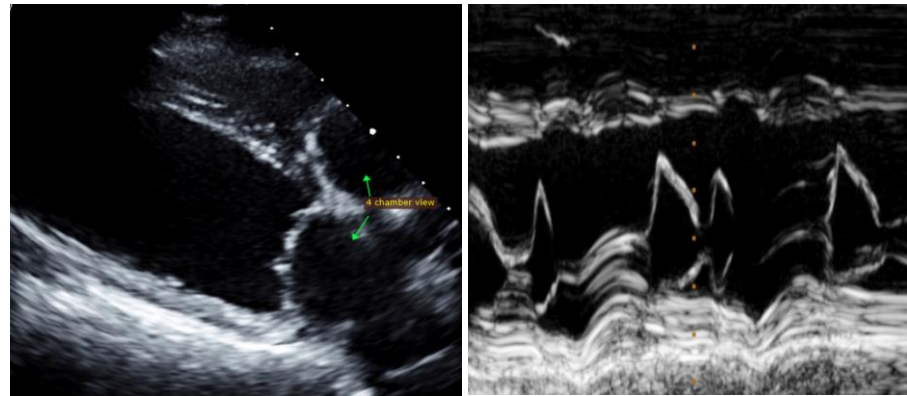
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DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

REFERRING VET

Dr. Masloski

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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