



**PATIENT**

Jack Castleberry

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

71lbs

**PRESENTING CLINICAL SIGNS**

History: Muscular dystrophy. Elevated ProBNP. Needs anesthesia for SC mass removal. No murmur. BP: 142, 146, 150mmHg. \*Sedated with alfaxan and butorphanol.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is normal with moderate systolic dysfunction. LV wall thicknesses are normal. No significant increase in sphericity.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is normal with no prolapse into the left atrial lumen. Trivial central 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.

**Pulmonary 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 90bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.6
LA diam (cm)	2.8
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.94
LVID diastole (cm)	4.1
PW thickness (cm)	0.94
LVID systole (cm)	3.1
FS (%)	23

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Falmouth Animal  
Hospital

**REFERRING VET**

Dr. Hauser

**INVOICE**

23421

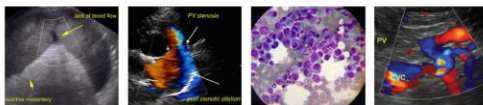
**DATE**

4/4/22

**INTERPRETATION OF THE FINDINGS**

LV systolic dysfunction is identified, with overall normal cardiac dimensions. While there is concern for early cardiomyopathy, a normal variant is also possible. Serial monitoring is advised. All of the valves appear normal in form and function, and with presumably physiologic MR. No additional issues are identified.

Given the echo findings and the recent evidence of grain free diets leading to DCM in some (but certainly not all) dogs (and golden retrievers specifically), highly recommend a thorough diet history and avoidance of BEG diets lifelong. A taurine level can be submitted, however regardless of results recommend a taurine supplement in this case as below. A thyroid level is recommended if not recently assessed as this can present with dysfunction as well. Monitoring for progression is advised. No clear indication for Pimobendan at this juncture, however if any progression is noted this will be advised.



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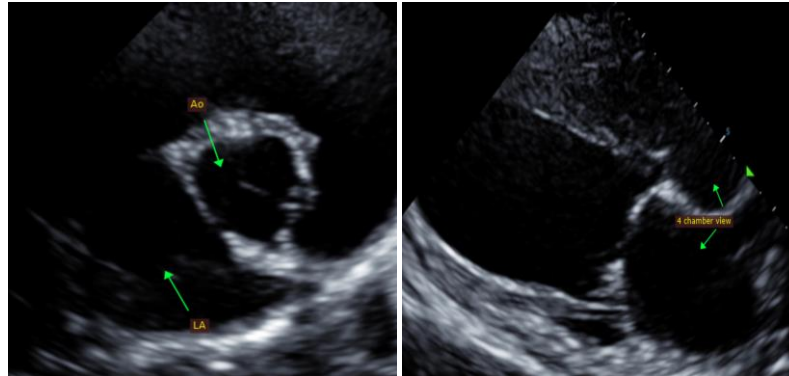
**RECOMMENDATIONS**

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Thorough diet history with avoidance of BEG options.
- Thyroid level.
- Institute Taurine supplement, 1000mg PO q12h.
- Omega fatty acid supplementation may be of some long-term benefit.
- Anesthetic risk is considered mild 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.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**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.

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