



PATIENT

Tyson Gunnell

SPECIES

Canine

BREED

Doberman

SEX

Male Neutered

AGE

4 years

WEIGHT

76.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Morgan Veterinary
Hospital

REFERRING VET

Dr. Jernstedt

INVOICE

23498

DATE

4/6/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Previously diagnosed with early DCM. Started on Pimobendan and Taurine (5/2020).

-Current medications: Pimobendan 10mg 1 tab PO BID, Taurine supplement.

-Pertinent previous echo findings (5/2020 OVRA): LV: 4.5/3.55, LA/AO: 1.3, FS: 21%.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No obvious 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 mildly elevated 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	NA	NA	NM	1.2	42	80	0.3
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	100	2.5	1.2	34.7	2.2	4.3	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)
				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
Adapted from June Boon, Veterinary Echocardiography, 1998				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
Hansson et al, Vet Rad and Ultrasound 2002				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.



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These findings are directly discordant with the previous echo done in 2020. Typical genetic DCM is relatively progressive in nature, and 2 years with improvement rather than progression is difficult to explain. The fractional shortening is dramatically improved, and no chamber dilation is identified in this study. This may reflect improvement with Pimobendan, improvement with Taurine or simply a normal variation. Going forward there are two options. First would be to continue the medications as prescribed, given genetic markers of DCM and high risk for progression in the future. An alternative approach would include continuing Taurine with discontinuation of Pimobendan. A serial echocardiogram would be recommended in 6 months if this option is elected. No obvious indication for additional medications. Screening for the arrhythmic form of the disease remains recommended through periodic ECG or ideally holter monitoring.

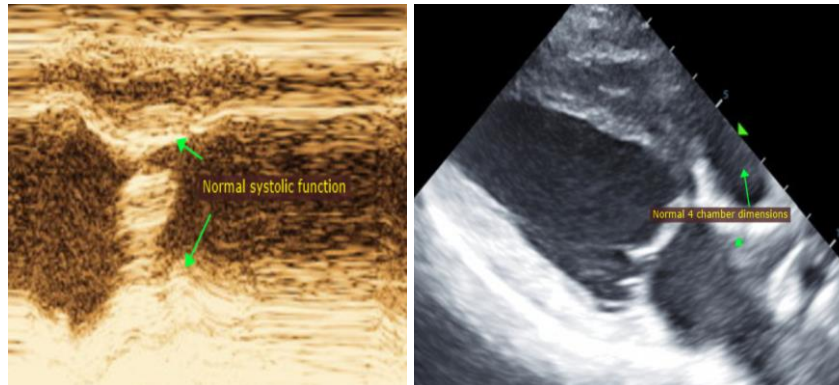
Monitor lifelong for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

No cardiac contraindication for general anesthesia.

PLAN

Continue Taurine as prescribed. Consider continue versus discontinue Pimobendan as discussed. If the medication is continued, recheck echocardiogram is recommended in 1 year. If the medication is discontinued, recheck echo is recommended in 6 months. Screening ECG/holter monitors are recommended lifelong.

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