


PATIENT

Magnus Rodriguez

PRESENTING CLINICAL SIGNS

 History: Screen for familial DCM. ECG showed possible ventricular enlargement pattern. IVDD
 Carprofen, Methocarbamol. BP: 170, 145, 149mmHg.
 -Sedation: Torb.

SPECIES

Canine

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Normal cardiac silhouette. No obvious evidence of CHF.

BREED

Great Dane

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.
 Morphology/MEA cannot be definitively commented on.

A single lead ECG is available from an AliveCor monitor; 50mm/s, 20mm/mV. The average heart rate is 90bpm (range 55-107bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive with normal dimension. No ectopic beats, pauses or other dysrhythmias observed.

SEX

Male

ECG diagnosis: Normal sinus rhythm with respiratory variation.

AGE

4 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no obvious prolapse into the left atrial lumen. Trivial central mitral regurgitation with normal left atrial dimension. Normal LV diameter with adequate myocardial function for this breed. Normal LV wall thickness. The tricuspid valve is normal with mild TR. Normal velocity. 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. Mildly elevated aortic outflow velocities; laminar flow. Normal pulmonary outflow velocity with no pulmonic insufficiency. No pericardial or pleural effusion noted.

WEIGHT

140lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

CARDIAC CHART
IMAGING PERFORMED BY

 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

 Pocono Peak
 Veterinary Clinic

REFERRING VET

Dr. Santore

INVOICE

24248

DATE

5/17/22

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	2.5	NM	1.2	28	50	0.52
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	2.3	1.3	63.5	3.2	5.8	4.2
*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)
				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)

 Adapted from June Boon, Veterinary Echocardiography, 1998
 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
 Hansson et al, Vet Rad and Ultrasound 2002
 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

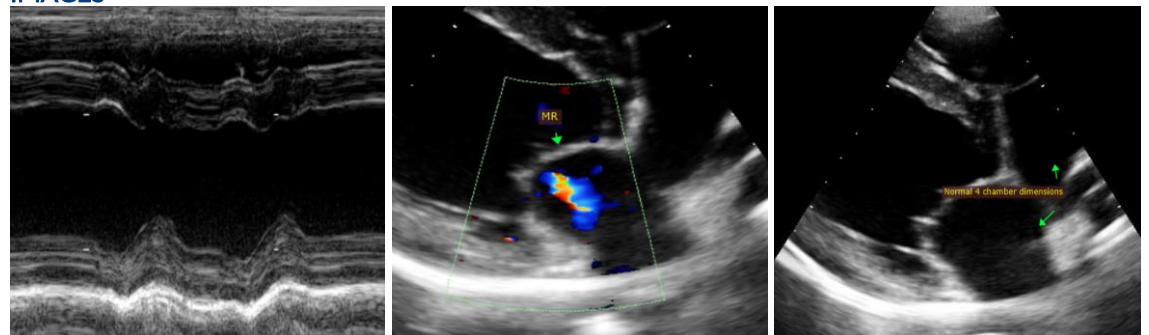
The cardiac structure and function in this patient are largely normal, with no evidence of occult DCM or significant valve disease. The function is adequate for this signalment, and no significant structural changes are appreciated. A mildly elevated aortic outflow velocity is noted, which is a benign flow abnormality. Finally, trace MR and TR are considered physiologic; however, follow up is advised should a murmur be auscultated in the future. The included ECG shows no ventricular arrhythmias and a normal sinus rhythm.

Recheck echocardiograms every 6-12 months is indicated in this predisposed breed with a familiar history. Additionally, holter monitoring every 6-12 months can and should also be considered to screen for the arrhythmic form of disease. Finally, the BNP test has also been shown to be a decent predictor of occult DCM and can consider routine screening going forward.

No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. I generally recommend fish oil supplementation in any Doberman, given the anti-arrhythmic properties of omega fatty acids.

Recheck every 6-12 months, sooner if clinical signs or a heart murmur arises.

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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