



PATIENT

Niko Stamos

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Male Neutered

AGE

13 years

WEIGHT

88.5lbs

PRESENTING CLINICAL SIGNS

History: Niko has had genetic testing which revealed him to be heterozygous for the gene that is related to DCM2 -1 copy variant. Had a gastropexy for GDV ~ 3 months ago. Eating well with normal activity level. On exam: NSR, no murmurs noted, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 150mmHg x 5. *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function (assessed upon recovery from sedation). LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal 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 trace 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 90bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.4
LA diam (cm)	3.0
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.82
LVID diastole (cm)	4.5
PW thickness (cm)	0.91
LVID systole (cm)	3.0
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.86
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The cardiac structure and function in this patient are overtly normal, with no evidence of occult DCM at this time. The function is adequate for this signalment, and no valvular issues, structural changes or arrhythmias are noted.

HOSPITAL NAME

Mass Veterinary Services

Recheck echocardiograms every 6-12 months are indicated in this predisposed breed. Additionally, holter monitoring every 6-12 months can and should also be considered to screen for the arrhythmic form of disease. BNP has been shown as a reasonably good ancillary screening tool as well. Prognosis is open.

REFERRING VET

Dr. Masloski

INVOICE

31315

DATE

6/13/23



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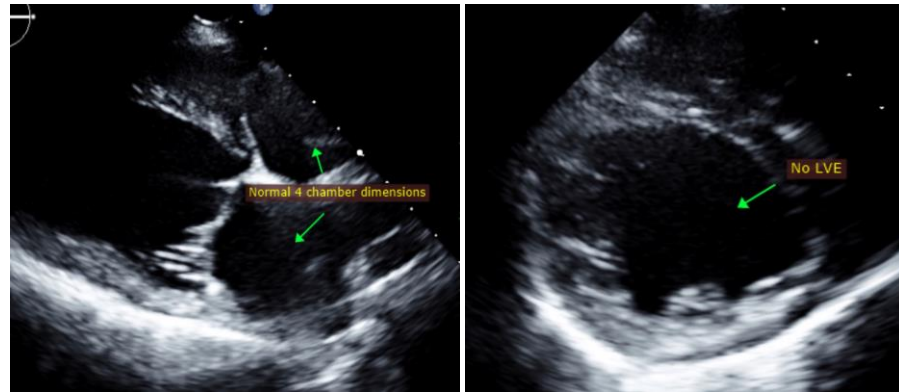
RECOMMENDATIONS

- No medications are clearly indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Recommend fish oil supplementation in any Doberman given the anti-arrhythmic properties of omega fatty acids.

PLAN

- Recommend a recheck echocardiogram in 12 months, sooner if any clinical signs or a murmur arises.

IMAGES



INTERPRETED BY

Maggie Machen Lamy, DVM
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.

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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

HOSPITAL NAME

Mass Veterinary Services

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

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