


PATIENT

Micca Baker

PRESENTING CLINICAL SIGNS

History: New heart murmur found as incidental finding on an exam for diarrhea and not feeling herself. Owner has described times at home that sound like she is witnessing an arrhythmia. No meds other than joint supplements.

SPECIES

Canine

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

BREED

Doberman

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 130bpm (range 110-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

SEX

FS

ECG diagnosis: Normal sinus rhythm with respiratory variation.

AGE

6 years

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Minimal diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal, with trivial tricuspid regurgitation. The right heart is normal (subjective). No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, however the LVOT velocity is mildly elevated. Normal pulmonic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

WEIGHT

37kgs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

CARDIAC CHART
IMAGING PERFORMED BY

Crystal Hill, CVT

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		29	52y	NM
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	160	2.3	1.7	37		4.5	2.9
*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)

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Findlater

INVOICE

24826

DATE

6/16/22



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BREED

Doberman

SEX

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. No obvious subaortic ridge or valvular abnormalities are visualized, and in the absence of structural abnormalities this is considered a benign flow murmur. If this is a new murmur, it is reasonable to monitor periodically via recheck echocardiography in the future. No significant valvular insufficiencies were noted and no structural issues identified. The ECG is unremarkable with a normal sinus rhythm.

These findings do not explain reported clinical signs. An intermittent arrhythmia remains a possibility, and a holter should be considered if suspicion persists.

Recheck echocardiograms every 6-12 months is 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. Finally, the BNP test has also been shown to be a decent predictor of occult DCM and can consider routine screening going forward.

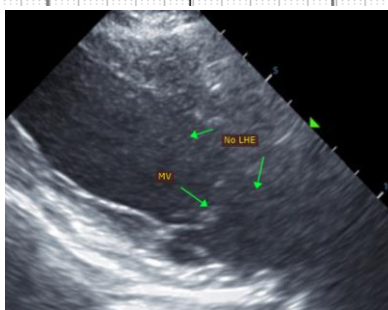
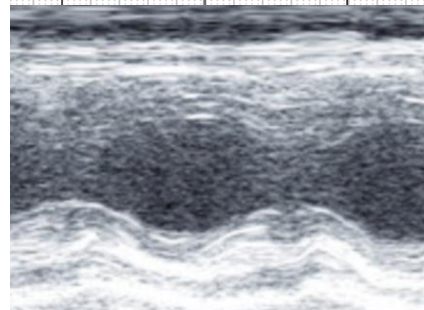
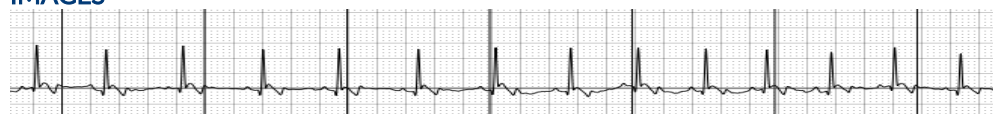
No cardiac medications are indicated at this time. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. I generally recommend fish oil supplementation in any Doberman, given the anti-arrhythmic properties of omega fatty acids.

No cardiac contraindication for general anesthesia.

Monitor for any development of cough, labored breathing or exercise intolerance.

Recommend recheck echocardiogram every 6-12 months as a screening tool, sooner if clinical signs arise.

IMAGES



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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. If the clinical or image interpretation does not parallel your findings



PATIENT

Micca Baker

or if I can be of any further assistance, please contact me.

SPECIES

Canine

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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Doberman

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FS

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