



## PATIENT

Stella Bloebaum

## SPECIES

Canine

## BREED

Doberman Pinscher

## SEX

Female Spayed

## AGE

10 years

## WEIGHT

75.5lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Erica Harmon, DVM

## HOSPITAL NAME

Willamette Veterinary  
Hospital

## REFERRING VET

Dr. Harmon

## INVOICE

24701

## DATE

6/9/22

## PRESENTING CLINICAL SIGNS

History: Presented in respiratory distress, vomited a few times prior to presentation. Radiographs revealed CHF, although no cardiomegaly noted. Hospitalized and treated for CHF (furosemide, pimobendan, spironolactone. and GI meds for nausea) and was discharged 6/7 from hospital.

-Abnormal PE/Chem/CBC/UA Results: 6/5 2am EPOC - bicarb 16, Crea 0.89, K 4.8, LAC 4.15, HCT 54%, 4DX negative x 4 2 pm EPOC 2pm WNL, HCT 53%, Creat 1.06, BUN 25 6/6 EPOC = Crea 1.28, high BUN 29, lytes wnl. K 3.6, lactate wnl 1.83 Vcheck cPL2 = 944.3 ng/ml abnormal.

-ECG report: Intermittent single VPCs, LAD.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve appears normal with no obvious prolapse into the left atrial lumen. Trace MR. Mild left atrial dilation. No LV dilation with normal sphericity. Mild decline in myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function with no TR. No significant right heart enlargement. No overt evidence of pulmonary arterial hypertension or right heart decompensation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity with laminar flow. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors.

## 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			NM	1.5	23	40	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	NM	1.7	0.9	34.2	3.4	4.3	3.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dilated Cardiomyopathy (DCM) is suspected, with mild LA dilation. There is a mild decline in systolic function, which should be monitored for progression. Mild LA dilation indicates the current risk is relatively low. In the future the risk may increase for development of congestive



**PATIENT**

Stella Bloebaum

heart failure, malignant arrhythmias (AF, VT), collapse and/or sudden death. No additional issues are identified.

**SPECIES**

Canine

These findings are discordant with reported CHF. If not already performed, a Radiologist review of the films is strongly recommended, including a VD view and potentially serial studies for comparison. It is highly unusual for a dog to experience congestion with only mild LA dilation. One exception would be development of sustained arrhythmias and VPCs are noted in the history. Further evaluation of the arrhythmia may warranted. All that being said, in this predisposed breed, if the patient responded to therapy and is doing well at home, may be reasonable to consider medications going forward, pending CXR evaluation.

**BREED**

Doberman Pinscher

**SEX**

Female Spayed

While primary or familial DCM is suspected given the breed, contributing factors such as diet (avoid BEG options), thyroid status, etc. can be considered. A taurine supplement can be administered on the off chance of a malabsorption issue. Prognosis is guarded long term. Follow up and treatment of the arrhythmia should be dictated by the ECG report. A holter may be indicated.

**AGE**

10 years

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to screen for progression in the future. Mild activity restriction is advised. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

**WEIGHT**

75.5lbs

**PLAN:**

Highly recommend a Radiologist review of the films. If CHF remains the suspected diagnosis, reasonable to continue standard therapy going forward, including Pimobendan 0.3mg/kg PO q12h, Lasix 1-2mg/kg PO q12h, Spironolactone 1-2mg/kg PO q12h. If CHF is not suspected, continue Pimobendan and discontinue diuretic therapy. Further arrhythmia evaluation may be warranted, pending ECG report.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

If Lasix is continued, monitor BP in 1-2 weeks. If >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

**IMAGING PERFORMED BY**

Erica Harmon, DVM

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

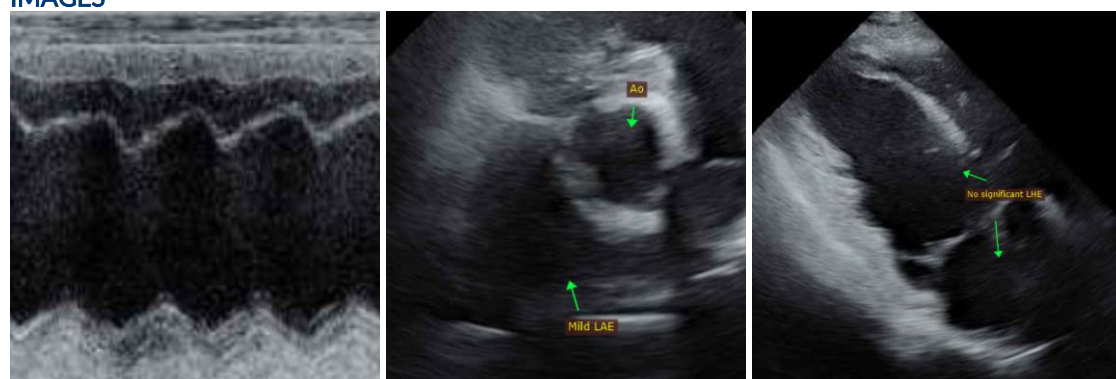
**HOSPITAL NAME**

Willamette Veterinary  
Hospital

**IMAGES**

**REFERRING VET**

Dr. Harmon



**INVOICE**

24701

**DATE**

6/9/22



**PATIENT**

Stella Bloebaum

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.

**SPECIES**

Canine

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.

**BREED**

Doberman Pinscher

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

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

75.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING  
PERFORMED BY**

Erica Harmon, DVM

**HOSPITAL NAME**

Willamette Veterinary  
Hospital

**REFERRING VET**

Dr. Harmon

**INVOICE**

24701

**DATE**

6/9/22