



PATIENT

Peaches Ford

SPECIES

Canine

BREED

Doberman

SEX

Female Spayed

AGE

4 years

WEIGHT

104lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kara Wallisch,
DVM

HOSPITAL NAME

Sondel Family
Veterinary Clinic

REFERRING VET

Dr. Wallisch

INVOICE

25523

DATE

7/25/22

PRESENTING CLINICAL SIGNS

History: One month history of general malaise, unexplained weight loss (down 8lbs.), eating on and off. No coughing, no elevation in RR.

-CXR: Showed pleural effusion and patient was referred.

-Abnormal PE/Chem/CBC/UA Results: 4DX normal UTD vaccines PE wnl, no murmur or arrhythmia, muffled heart sounds R side chest. Normal respiration and rate, BAR, not distressed. BCS 5/9, muscle atrophy around epaxials and skull. No observable wounds or other lesions on body. Small SQ mass near groin, palpates like lipoma. Thoracocentesis performed; pending cytology of thoracic fluid.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve with no obvious prolapse into the left atrial lumen. No mitral regurgitation with normal left atrial dimension. Normal LV diameter with normal myocardial function for this breed. Normal LV wall thickness. The tricuspid valve is normal with trace TR. 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 aortic outflow velocities; laminar flow. Normal pulmonary outflow velocity with no pulmonic insufficiency. No pericardial effusion noted. Moderate volume pleural effusion seen. No obvious intra or extra-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	NA	NA	NM	1.2	36	70	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	1.4	0.9	47.2	2.5	4.2	2.7
*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)
<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

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



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These findings would suggest pleural effusion/current clinical signs are certainly noncardiac in origin. Follow up pending cytology results (advanced thoracic imaging, AUS, etc.)

SPECIES

Canine

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.

BREED

Doberman

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.

SEX

Female Spayed

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

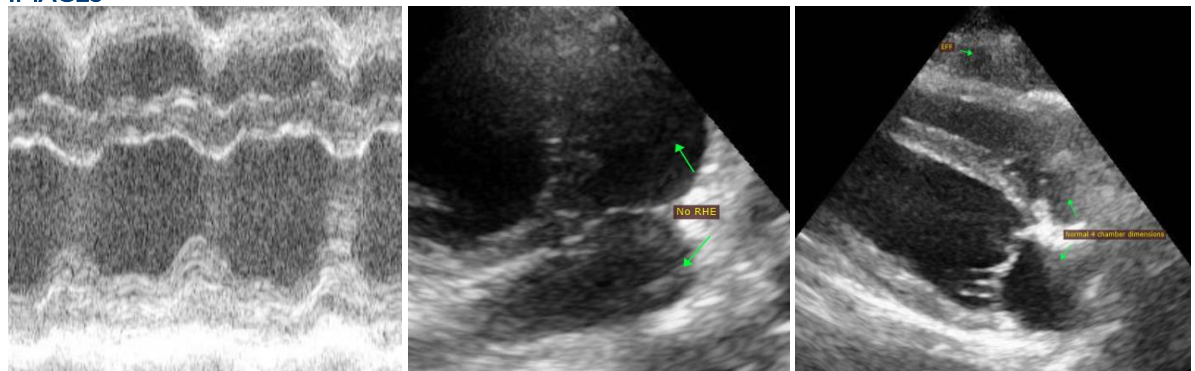
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4 years

WEIGHT

104lbs

IMAGES



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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.

IMAGING PERFORMED BY

Kara Wallisch,
DVM

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.

HOSPITAL NAME

Sondel Family
Veterinary Clinic

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

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