

**PATIENT**

Rocket Spardello

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Male Neutered

**AGE**

8.6 years

**WEIGHT**

130lbs

**PRESENTING CLINICAL SIGNS**

History: Coughs when tries to bark, exercise intolerance, sleeps a lot, regular arrhythmia. On Carprofen 100mg PO BID.

-Abnormal PE/Chem/CBC/UA Results (6/16/23): Eosinophils 1.584 (0.07-1.49), ALT 128 (18-121), BNP 5890 (0-900), non-renal proteinuria.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is increased in both systole and diastole (LVIDdN: 1.78, LVIDsN: 1.41) with moderate to severe systolic dysfunction. LV wall thicknesses are normal. Mildly increased sphericity.

**Left atrium:** The left atrium is mildly dilated.

**Mitral valve:** The mitral valve is normal with no prolapse into the left atrial lumen. Mild central mitral regurgitation. Normal velocity.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Mildly dilated right ventricular.

**Right atrium:** Mild RA dilation.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonary 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 140bpm.

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	2.8
LA diam (cm)	3.9
LA:Ao (Swe)	1.4
IVS thickness (cm)	1.1
LVID diastole (cm)	5.9
PW thickness (cm)	1.1
LVID systole (cm)	5.1
FS (%)	14

**Doppler Measurements**

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.6
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
 RDCS

**INTERPRETATION OF THE FINDINGS**

LV dilation and significant systolic dysfunction are identified, in addition to mild LA dilation. Certainly, this is concerning for primary disease given the breed; however, screening for contributing issues such as an atypical diet is recommended. Mild MR is of little hemodynamic significance and no additional issues are identified.

**HOSPITAL NAME**

Foster Veterinary  
 Clinic

**REFERRING VET**

Dr. Hattan

**INVOICE**

32059

**DATE**

8/1/23

Given these findings, recommend consider Pimobendan at this juncture, given mild LA dilation, severity of disease and reported clinical signs. Prognosis is guarded, due to high risk for complication in this breed going forward. Consider a holter monitor as the gold standard screening tool for the arrhythmic form of DCM.



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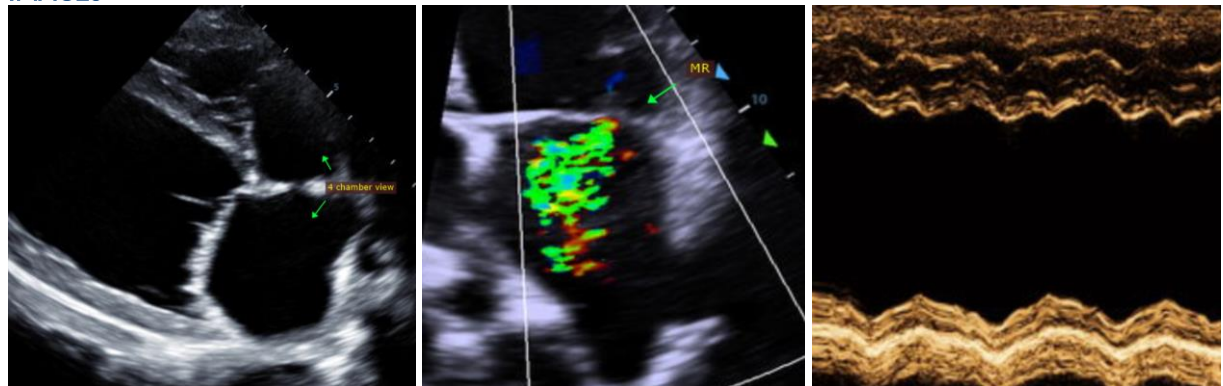
**RECOMMENDATIONS**

- Institute Pimobendan 0.25-0.3mg/kg PO q12h.
- Institute Taurine supplement, 1000mg PO q12h.
- Consider a holter monitor as the gold standard screening tool.
- Omega fatty acid supplementation may be of some long-term benefit.
- Anesthetic risk is considered elevated if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**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.

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

**Echocardiogram performed by:** Pamela Harrigan, RDCS  
 Pet Animal Ultrasound Service ([4paus.com](http://4paus.com))