



PATIENT

Ranger DePaola

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Male Intact

AGE

9 years

WEIGHT

88.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. DCM diagnosed on prior echo 1/11/22 when he was seen for an elevated ProBNP of 3371 and the development of a persistent cough; history degenerative valve disease; history VPCs and APCs. Current presentation: Ranger is doing well but seems uncomfortable with heat/humidity. Good appetite and activity level. On exam: NSR, no obvious murmurs noted, PSS, lung fields clear. BP: 110 mmHg x 5. 1) Fluoxetine/Prozac 80mg daily 2) Pimobendan/vetmedin 10mg 1 1/4 tabs twice a day 3) Spironolactone 25mg 2 tabs twice a day ---stopped 4) Taurine 1000mg twice a day 5) Ursodiol/actigal 250mg 1.5 tabs with food daily finished Saturday 6) Lasix/furosemide 20 mg, 2 tabs twice a day. -Pertinent previous echo findings (Scott Forney, DVM, DACVIM-Cardiology): LA 4.80 cm; LA:Ao 2.50; LV 6.16 cm; FS 11%; severe LVE with moderate-severe reduction in systolic function; moderate LAE; moderate MR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** The LV diameter is significantly increased with marked systolic dysfunction. LV wall thicknesses are decreased. Increased sphericity. **Left atrium:** The left atrium is severely dilated. **Mitral valve:** The mitral valve is normal with no prolapse into the left atrial lumen. Trace central 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:** Right ventricle is mildly enlarged. **Right atrium:** RA is mildly enlarged. **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 180bpm.

2-Dimensional Measurements

Ao diam (cm)	2.2
LA diam (cm)	4.7
LA:Ao (Swe)	2.1
IVS thickness (cm)	1.0
LVID diastole (cm)	6.3
PW thickness (cm)	1.0
LVID systole (cm)	5.9
FS (%)	6

Doppler Measurements

PV Vmax (m/s)	NM
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25808

DATE

8/16/22

INTERPRETATION OF THE FINDINGS

DCM persists with evidence of mild progression. Compared to the prior study, the function is slightly worse with severely increased LA and LV dimensions. The right heart is also mildly affected, although certainly to a lesser extent. No obvious additional issues are identified.

Given the severity of these findings, Pimobendan should certainly be continued going forward. Additionally, Spironolactone remains recommended for potential long-term benefit. In this particular breed with high risk for sudden death and/or spontaneous



PATIENT
Ranger DePaola

decompensation, I would also consider a low dose of diuretic at this point, even without clinical signs. The patient is tachycardic on exam and close monitoring for development of AF and/or VT is advised going forward.

SPECIES
Canine

Prognosis is guarded to poor long-term in this patient, given the high risk for decompensation and/or sudden death in the future. Close monitoring at home is advised.

BREED
Doberman Pinscher

RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Continue Taurine supplement as prescribed.
- Re institute Spironolactone 1-2mg/kg PO q12h.
- Consider institute Lasix 1-2mg/kg PO q12.
- Do not utilize ACE-I due to hypotension.
- Omega fatty acid supplementation and mild salt restriction 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.

SEX
Male Intact

AGE
9 years

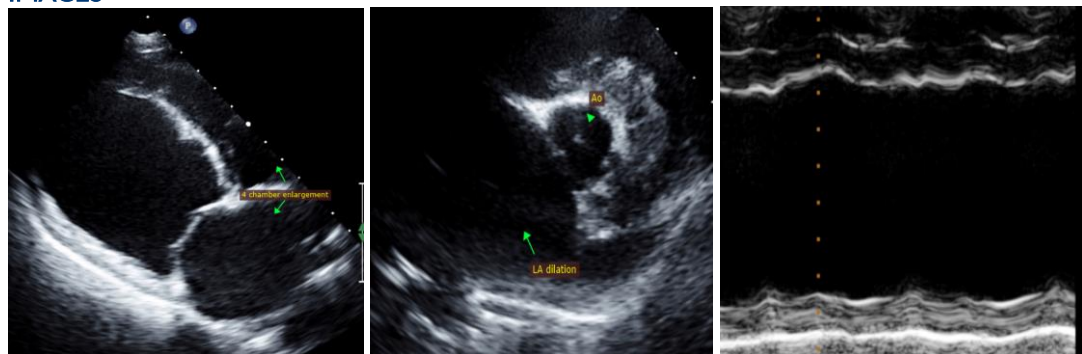
WEIGHT
88.1lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PLAN

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

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS



HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
25808

DATE
8/16/22



Mass Veterinary
Services



SonoPath
Clinical Sonography & Telectyology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Ranger DePaola

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

Male Intact

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

AGE

9 years

WEIGHT

88.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

25808

DATE

8/16/22