



PATIENT

Duke Wellhoefer

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

6 years

WEIGHT

75.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

K. Kicker, DVM

HOSPITAL NAME

Wauwatosa
Veterinary Clinic

REFERRING VET

Dr. Haynes

INVOICE

32510

DATE

8/16/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Diet was changed. No murmur.

-Current medications: Pimobendan and Taurine.

-Pertinent previous echo findings (5/2022 MML): Minimal LAE, no LVE with mild decline in FS.

Prominent RH. LA: 3.2, LV: 4.0/3.1, FS: 22%.

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 central MR. No left atrial dilation. No LV dilation with increased sphericity. Mild decline in myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. Prominent right atrial and ventricular diameter. No overt evidence of pulmonary arterial hypertension or right heart decompensation. Trace TR. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity with laminar flow. Trace/mild 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	NM	1.0	1.3	26	52	0.3
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	84	1.6	0.8	34.2	2.8	4.0	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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar. No significant chamber dilation is seen and fractional shortening is mildly depressed. No additional issues have developed. Given a small aortic valve insufficiency, lifelong BP monitoring is advised.

Given these findings, no additional medications are indicated. Due to serial stability, it may be reasonable to discontinue Pimobendan at this time with close monitoring for progression in the



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next 6-12 months. That being said, there is little downside to its use in this case other than cost. Discussion with the owner is advised.

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Canine

Prognosis is guarded long-term, although certainly serial stability is a good sign.

BREED

Golden Retriever

Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

SEX

Male Neutered

No cardiac contraindication for general anesthesia.

PLAN

Consider discontinue Pimobendan if elected as discussed. Continue Taurine as prescribed.

AGE

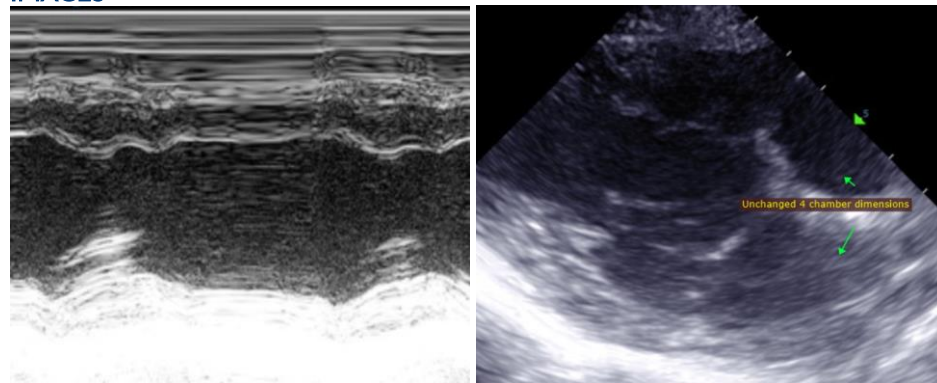
6 years

A recheck echocardiogram is recommended in 6-12 months, sooner if a murmur develops or any signs of cardiac disease are noted.

WEIGHT

75.4lbs

IMAGES



INTERPRETED BY

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

K. Kicker, DVM

HOSPITAL NAME

Wauwatosa Veterinary Clinic

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.

REFERRING VET

Dr. Haynes

Maggie Machen Lamy, DVM
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