



**PATIENT**

Tahlia Samuelsen

**SPECIES**

Canine

**BREED**

Doberman Pinscher

**SEX**

Female Intact

**AGE**

1.4 years

**WEIGHT**

68lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

25830

**DATE**

8/17/22

**PRESENTING CLINICAL SIGNS**

History: Screening echo. No history of a heart murmur or arrhythmia. Her appetite is presently off since she is going through a false pregnancy. Tahlia has been on and continues to eat a grain free diet. She occasionally seems winded after chasing the ball. On exam: NSR, no murmurs noted, PSS, lung fields clear. BP: 180mmHg x 5. \*Sedated with Propofol.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is borderline increased with mild to moderately depressed myocardial function (assessed during recovery from sedation). LV wall thicknesses are normal.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is normal with no prolapse into the left atrial lumen. Trivial 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:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** Normal RA dimension.

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

**Pulmonic 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 80bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.3
LA diam (cm)	3.1
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.8
LVID diastole (cm)	4.8
PW thickness (cm)	0.88
LVID systole (cm)	3.8
FS (%)	21

**Doppler Measurements**

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	
TR Vmax (m/s)	
TR PG (mmHg)	

**INTERPRETATION OF THE FINDINGS**

The LV function is mild to moderately depressed for this signalment. There is no left atrial enlargement nor significant LV dilation and no significant valve leaks are noted. That being said, the patient was assessed during recovery from sedation and that even with relatively cardiac-protective drug choices, systolic function may be impacted to some degree. Regardless, what is seen here is mild without any cardiac enlargement and does not warrant therapy at this time.

Consider screening for causing of systolic dysfunction, such as thyroid disease or an atypical diet (BEG options). **A grain-free option is noted in the history, which is of great concern in this particular breed and should be changed immediately.** A taurine supplement is also reasonable on the off chance of a malabsorption issue.

Close monitoring for progression is advised as any increase in LA/LV dimension or decrease in function will lead to the recommendation of Pimobendan.



**PATIENT**

Tahlia Samuelsen

Prognosis is guarded prior to assessing for progression in the future. A holter monitor should also be considered to screen for the arrhythmic form of disease.

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**RECOMMENDATIONS**

- No medications are indicated.
- Immediately diet change as discussed.
- Consider taurine supplement 1000mg PO q12h.
- Consider screening for thyroid disease.
- Omega fatty acid supplementation may also be of some long-term benefit in dogs predisposed to arrhythmias.
- Anesthetic risk is considered mild 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.

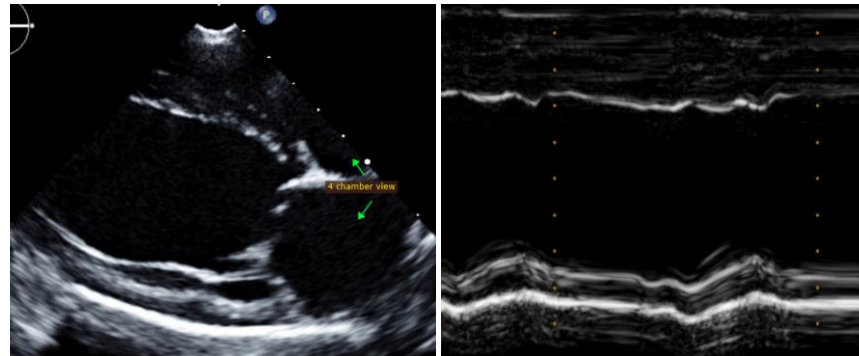
**PLAN**

- Recommend recheck echocardiogram ideally without sedation in 6 months, sooner if any development of clinical signs.

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Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**IMAGES**



**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

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.

**REFERRING VET**

Dr. Masloski

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.

**INVOICE**

25830

Maggie Machen Lamy, DVM  
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**DATE**

8/17/22

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