



**PATIENT**

Daphne Foss

**SPECIES**

Canine

**BREED**

Doberman

**SEX**

Female Spayed

**AGE**

5 years

**WEIGHT**

75lbs

**PRESENTING CLINICAL SIGNS**

History: History urinary incontinence. Initially improved with proin, then was manually adjusted by Dr. Moore - resolved for a long time. Recent recurrence. Not responsive to Incurin or Proin at this time. Had been planning dental cleaning for 8/18 - on pre-sx exam, a new heart murmur was detected.

Grade 1/6 left heart base.

-Current medications: Proin 74 mg ER, 1 SID.

-Abnormal PE/Chem/CBC/UA Results: Urinalysis 6/27/22 - no significant abnormalities CBC/Chem performed 8/18 - only abnormality was hypoglycemia; SST was not spun immediately after drawing - likely due to sitting unseparated for that time. ECG - no pathologic arrhythmias. Left axis deviation noted.

-Radiographs 8/18: Appear WNL. VHS 10.4

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation is identified. Normal left atrial dimension. Normal LV diameter with adequate myocardial function for this breed. The tricuspid valve appears subjectively normal, with mild tricuspid regurgitation. Normal velocity. The right heart is normal (subjective). No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. No aortic abnormalities identified, however the LVOT velocity is mildly elevated. Normal pulmonic outflow velocities. Mild aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

**CARDIAC CHART**

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Amanda Lacey-Crook, SDEP

**HOSPITAL NAME**

Rivers Edge Pet  
Medical Center

**REFERRING VET**

Dr. Williams

**INVOICE**

25955

**DATE**

8/23/22

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		2.7	NM	1.3	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	1.8	1.0	34.0	2.6	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)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The only cause of a murmur identified is increased flow velocity through the LVOT/aortic root. A concurrent small aortic leak is noted, and a baseline blood pressure is recommended. No significant valvular insufficiencies were noted, and no structural issues were identified (TR unlikely to be heard on exam). Most importantly the LV dimension is normal, and the function is intact.

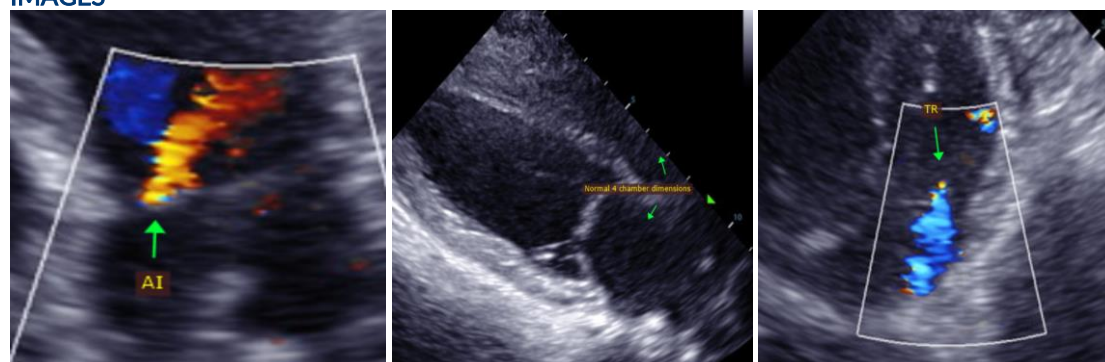
It is important to note in this predisposed breed that annual screening for DCM remains recommended. Consider annual BNP testing, Holter evaluation, and/or echocardiography as this dog ages. The preexisting murmur may make early detection on physical exam alone difficult.

No cardiac medications are indicated.

Monitor for any development of cough, labored breathing or exercise intolerance.

Recommend recheck annual echocardiogram in 12 months to screen for development of concurrent cardiac disease that the preexisting murmur may mask.

**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