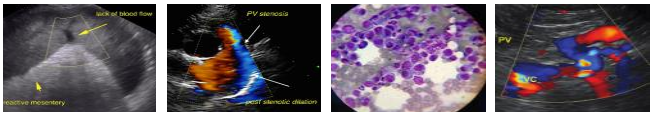


SonoPath.com
1-800-838-4268 info@sonopath.com

DATE

8/25/23

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT

Brody Fur Sisters

SPECIES

Canine

BREED

American Bulldog

SEX

MN

AGE

10 y

WEIGHT

72 lb

HOSPITAL NAME

Swart Veterinary Imaging

REFERRING VET

Dr. Swart

PRESENTING CLINICAL SIGNS

History: Previously diagnosed with DCM, however, echocardiogram in May 2022 showed no evidence of systolic dysfunction. Has been more lethargic recently and has a possible distended abdomen. Irregular rhythm with bradycardia noted on exam. Receiving furosemide 60 mg BID, enalapril 10 mg BID, pimobendan 10 mg BID, and digoxin 0.250 mg BID.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 5/27/22.

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. The left ventricular diastolic dimension is normal. The endocardium of the interventricular septum is hyperechoic. Left ventricular systolic function is mildly depressed. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen. No peritoneal effusion is present.

LA – 44.2 mm
LVIDd – 43.7 mm (prev. 39.7 mm)
LVIDs – 34.6 mm (prev. 28.3 mm)
FS – 20.8% (prev. 28.7%)
RA – 33.4 mm
LVOT – 1.58 m/s (prev. 1.42 m/s)
RVOT – 0.95 m/s (prev. 1.14 m/s)

ASSESSMENT/RECOMMENDATIONS

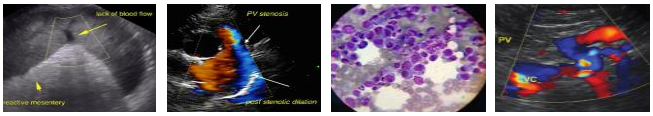
Today's echocardiogram demonstrates mild depression of Brody's left ventricular systolic function, with differentials for this including primary dilated cardiomyopathy (DCM), a diet-associated cardiomyopathy, and myocarditis. The backward hemodynamic effects of the dysfunction appear to be mild, as Brody does not have secondary dilation of any of his cardiac chambers. Given the absence of chamber dilation, Brody's current risk for the development of congestive heart failure appears to be relatively low. While it's possible that Brody's systolic dysfunction could be contributing to his lethargy, the absence of more significant dysfunction suggests that other differentials should also be considered. If a bradyarrhythmia is present, this could potentially be contributing to Brody's lethargy depending on its severity.

An ECG is recommended to further evaluate Brody's arrhythmia.

Brody's current therapy with enalapril, pimobendan, and digoxin is warranted based on this exam, though a blood digoxin level (draw blood 8-12 hours post-pill, target of 0.9-1.2 ng/ml) is recommended to rule out the medication as a possible contributing to Brody's lethargy. As for furosemide, no specific indication for its use is seen in this exam, however, continued therapy would be warranted if Brody has previously experienced an episode of congestive heart failure.

A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Brody experiences difficulty breathing.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

DATE

8/25/23

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT

Brody Fur Sisters

SPECIES

Canine

BREED

American Bulldog

SEX

MN

AGE

10 y

WEIGHT

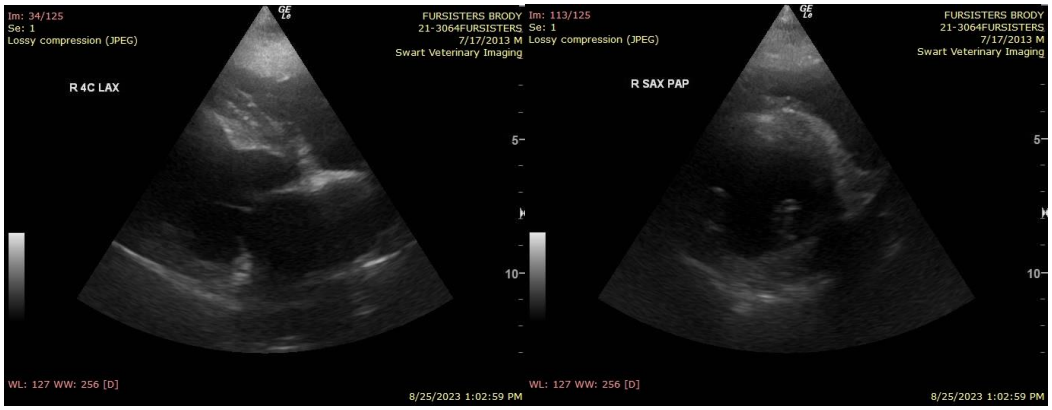
72 lb

HOSPITAL NAME

Swart Veterinary Imaging

REFERRING VET

Dr. Swart



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. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754