

PATIENT

Tank Domurat

SPECIES

Canine

BREED

Doberman Pinshcer

SEX

Male Neutered

AGE

9 years

WEIGHT

90.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26103

DATE

8/30/22

PRESENTING CLINICAL SIGNS

History: Tank had a Holter done the August 23rd showing significant arrhythmias (report pending). Tank does not have any coughing but has never tolerated the heat well. His activity level has been a less lately perhaps due to very hot and humid weather. He has a good appetite. On exam: arrhythmia, no murmurs noted, PSS, lung fields clear BP: 140mmHg. Current medications: 1) Vitamin E 200mg daily 2) Lecithin 1200mg daily 3) CoQ 10 90mg daily 4) Taurine 500mg daily 5) Cosequin daily 6) Fish oil daily 7) Chelated magnesium 200mg daily 8) L-carnitine 500mg daily 9) Vitamin C daily 10) Flax seed daily *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with borderline myocardial dysfunction. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace/mild eccentric mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace 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 trace 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 90bpm. Isolated VPCs are seen throughout.

2-Dimensional Measurements

Ao diam (cm)	2.8
LA diam (cm)	3.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.9
LVID diastole (cm)	4.8
PW thickness (cm)	0.9
LVID systole (cm)	3.6
FS (%)	25

Doppler Measurements

PV Vmax (m/s)	0.94
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.6
TR PG (mmHg)	28

INTERPRETATION OF THE FINDINGS

The primary abnormality identified is borderline systolic dysfunction for this signalment. The overall cardiac dimensions are normal with trace MR and TR. While there is concern for early cardiomyopathy and progressive dysfunction going forward, a normal variant is also possible. Serial monitoring is advised. A small aortic leak is noted; however, the reported blood pressure is normal. No additional issues are identified.

These findings in light of reported arrhythmias are certainly concerning for a primary arrhythmic form of DCM. Follow up and treatment for the arrhythmia, should be dictated by the holter report (pending); however, antiarrhythmic therapy is likely warranted.



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Even without significant structural disease, this patient will always have risk for collapse and/or sudden death in the future and prognosis overall is guarded.

SPECIES

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RECOMMENDATIONS

- Given these findings, no cardiac medications are clearly indicated.
- Institute Taurine supplement, 1000mg PO q12h.
- Omega fatty acid supplementation may be of some long-term benefit.
- From a structural standpoint the anesthetic risk is considered mild; however, the arrhythmia warrants further treatment.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

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

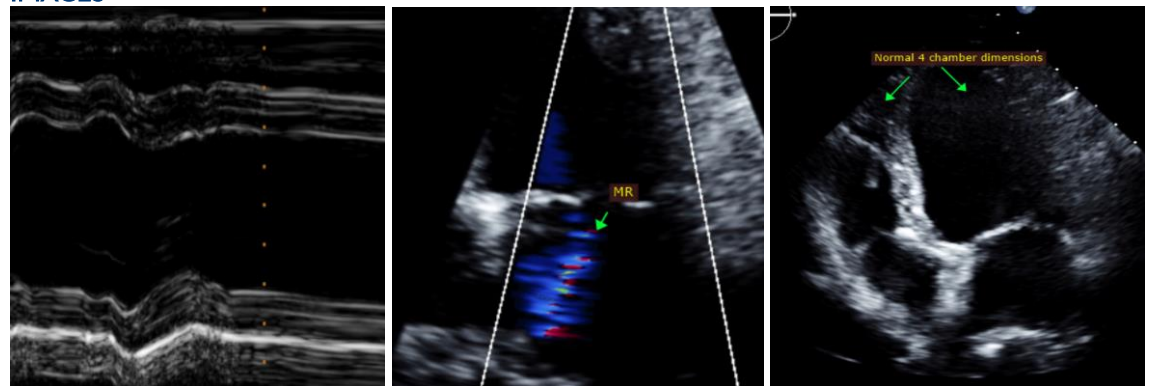
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

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REFERRING VET

Dr. Masloski

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

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