



PATIENT

Rookie Morrissey

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Male Neutered

AGE

8 years

PRESENTING CLINICAL SIGNS

History: Echo performed pre-dental work. Holter performed in mid-July showed 67 VPCs in 24 hours, a slight increase compared to prior years. No heart murmur, no exercise intolerance, respiratory changes or cough. Is hypothyroid and on replacement therapy.

-Abnormal PE/Chem/CBC/UA Results: Normal GPE UA sp gr = 1.020, pH = 5, normal sediment and chemistries CBC normal Chemistries normal T4 = 28 (4 hours post pill) BP = 165/140 (145), HR = 175 245/195 (215), HR = 175 215/200 (205), HR = 150 160/90 (110), HR = 150 (nervous, non-sedated)

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild left ventricular dilation (LVIDDn: 1.77, LVIDSn: 1.36) with moderately decreased systolic function. Mild to moderate left atrial enlargement. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. No mitral regurgitation. The tricuspid valve appears normal in form and function. No right atrial or ventricular dilation. No tricuspid regurgitation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors.

CARDIAC CHART

WEIGHT

42.4kgs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Nigel Gumley, DVM

HOSPITAL NAME

Cedarview Animal Hospital

REFERRING VET

Dr. Gumley

INVOICE

21057

DATE

9/16/21

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	NA	NA	NM	1.4	17	32	0.89
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	104	1.4	1.2	42.2	3.67	5.3	4.4
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this patient has changes consistent with early familial Dilated Cardiomyopathy (DCM). There is a decline in systolic function, with mild to moderate LA/LV dilation indicating current risk is relatively low. In the future the risk will likely increase for development of congestive heart failure, malignant arrhythmias (AF, VT), collapse and/or sudden death. Mild MR is identified, which is of little hemodynamic significance at this time. Based upon the Protect



PATIENT

Rookie Morrissey

study, Pimobendan and close monitoring will help give the best prognosis possible. Follow up for the arrhythmia should be dictated by the holter monitor results with reassessment every 6-12 months. Prognosis is guarded long term, with risk for progression to CHF, malignant arrhythmias and/or sudden death in the future.

SPECIES

Canine

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to screen for progression in the future. Mild activity restriction is advised. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

BREED

Doberman Pinscher

Anesthetic risk is considered moderately elevated 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. This does not take into account the VPCs which again should be dictated by the holter monitor results.

SEX

Male Neutered

AGE

8 years

PLAN

Institute Pimobendan 0.3mg/kg PO q12h.

WEIGHT

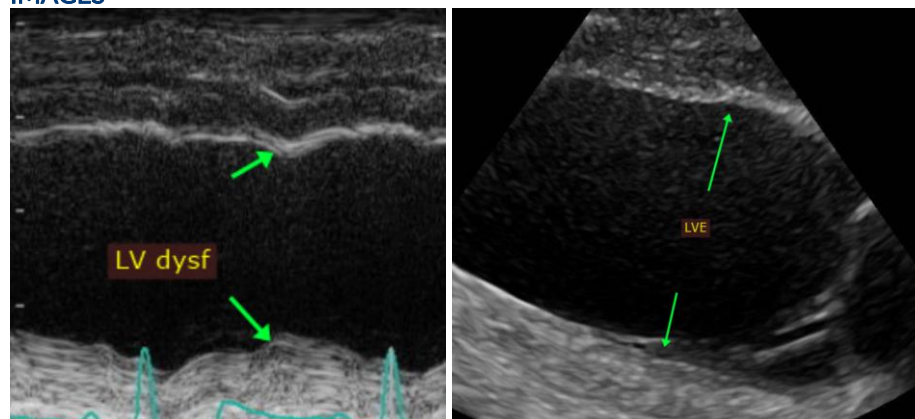
42.4kgs

A recheck echocardiogram is recommended in 6 months to assess for progression, sooner if clinical signs arise.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGES



IMAGING PERFORMED BY

Nigel Gumley, DVM

HOSPITAL NAME

Cedarview Animal
Hospital

REFERRING VET

Dr. Gumley

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.

INVOICE

21057

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.

DATE

9/16/21

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com