



PATIENT

Kona Coty

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Female Spayed

AGE

2.3 years

WEIGHT

79.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26211

DATE

9/6/22

PRESENTING CLINICAL SIGNS

History: Screening for DCM. Kona will breathe heavily when playing frisbee, after running full sprints for 10 minutes Occasional hacking sound. No collapse episodes and otherwise exercises without any issues. Good appetite; occasional diarrhea. On Purina Performance high protein and sensitive stomach. On exam today: NSR, no murmurs noted, PSS, lung fields clear. BP: 120-130mmHg. No medications. *Not sedated (panting throughout study).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal in diastole and borderline in systole (LVIDdN: 1.5, LVIDsN: 1.1) with mild myocardial dysfunction. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is minimally thickened with no prolapse into the left atrial lumen. No 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	2.7
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.9
LVID diastole (cm)	4.4
PW thickness (cm)	0.9
LVID systole (cm)	3.3
FS (%)	25

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The LV function is minimally depressed for this signalment, without significant LA or LV enlargement. Given the breed, this is concerning as potentially the first marker of early DCM; however, serial monitoring is necessary to determine to significance. No additional abnormalities are identified.

With an equivocal study in a predisposed signalment, no medications are clearly indicated. Close monitoring for progression is advised however, as any increase in LA/LV dimension or decrease in function will lead to the recommendation of Pimobendan.

Going forward, the gold standard monitoring of a Doberman would be an exam, echocardiogram and holter monitor every 6 months. Additionally, an NT-ProBNP may be of use in equivocal cases like this, as an additional tool to monitor for changes going forward. A diet history is recommended given the recent concern over DCM and taurine



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deficiency resulting from grain free and boutique diets. While this breed is not specifically known to be at risk for this phenomenon, I would recommend a diet change and supplementing taurine if this dog is on a suspect diet.

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RECOMMENDATIONS

- No medications are indicated.
- 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.

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PLAN

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

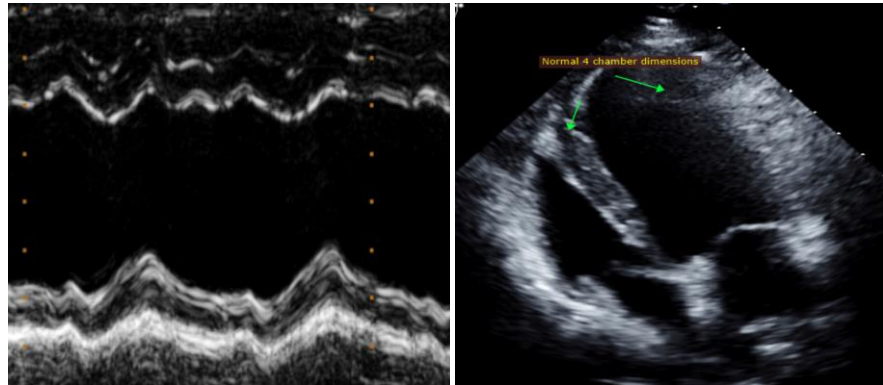
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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DATE

9/6/22

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)