

**PATIENT**

Shiloh Mitchell

SPECIES

Canine

BREED

Goldendoodle

SEX

FS

AGE

8 years

WEIGHT

72 lb

PRESENTING CLINICAL SIGNS

History: Presented for coughing and heavy panting

Abnormal PE/Chem/CBC/UA Results: CBC/Chem unremarkable HWT negative Rads: VHS 14.1 and possible mass

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

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	<1.3	28-40	40-100	<0.6
PATIENT	5.0	2.7	NM	2.3	10	29	2.7
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				
PATIENT	130	1.3	0.7		7.8	8.0	

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Haenni

INVOICE

10851ag

DATE

06/17/2022

Cardiac Presentation

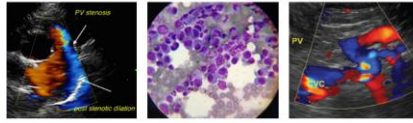
Severe left ventricular dilation with significantly diminished systolic dysfunction. Severely increased EPPS and LV sphericity was present. Decreased LV wall thickness and marked LA enlargement were noted. The mitral valve appears mildly thickened without evidence of prolapse. Mild centralized to eccentric mitral insufficiency was present. The tricuspid valve exhibited potential for mild concurrent thickening. Mild TR was present on Doppler. Normal overall right atrium and ventricle appearance was observed. Normal systolic laminar flow noted in the LV outflow tract. No evidence of aortic insufficiency was noted. Normal pulmonic valve and normal RV outflow velocity was present with no overt pulmonic insufficiency. No pericardial or pleural effusion was noted. No obvious cardiac tumors were seen.

ULTRASONOGRAPHIC FINDINGS

- DCM like cardiomyopathy exhibiting severe left heart volume overload and severe LV systolic dysfunction
- Mild MR/TR

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cardiac presentation is consistent with DCM like cardiomyopathy and could be primary in nature or if clinically indicated secondary to contributing factors such as taurine deficiency, hypothyroidism, myocarditis or potential infiltrative disease such as lymphoma. Diet history should be obtained to assess for evidence of grain free boutique or exotic diets. Thyroid status could be assessed. Troponin



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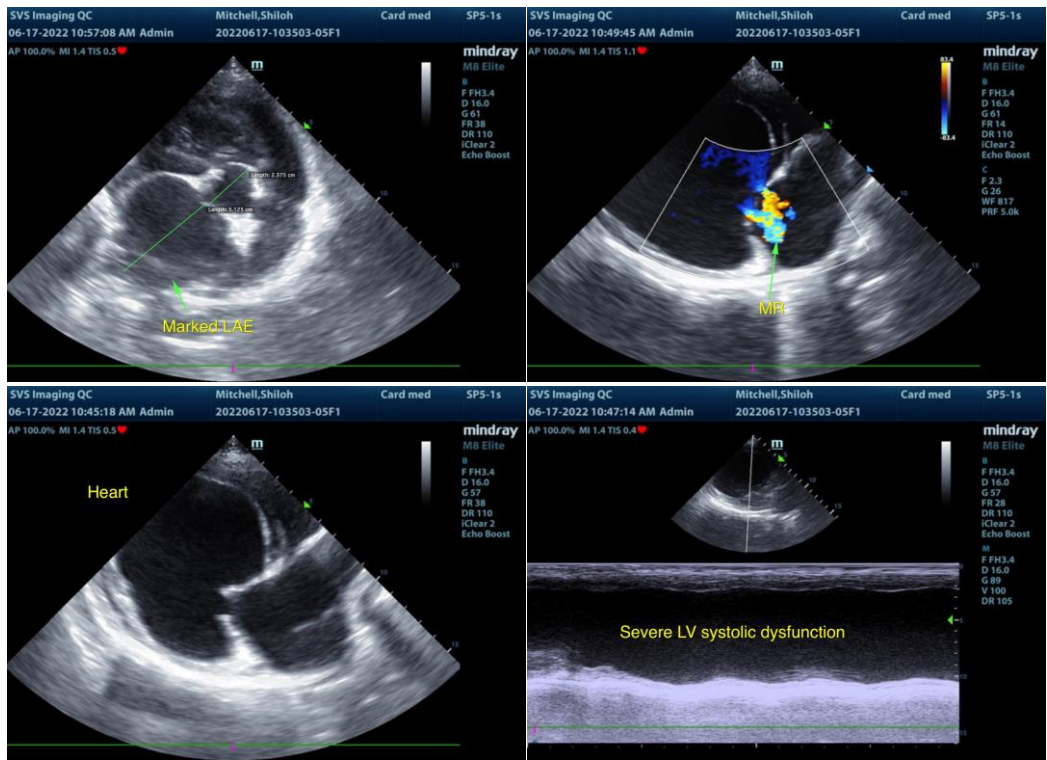
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levels could also be considered. However, prognosis at this stage is very guarded to likely poor long term.

Pimobendan 0.3 mg/kg PO BID and combination Lasix/Spironolactone 1-2 mg/kg PO BID especially if evidence of pulmonary edema is present +/- taurine supplementation if clinically indicated is recommended. Monitoring of renal values and systemic BP is recommended. Omega fatty acid supplementation may be of some benefit. Exercise restriction is advised. Hydrocodone as a cough suppressant could also be considered. Recheck echocardiogram suggested in 3-4 months, sooner if progressive clinical signs consistent with heart decompensation arise.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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