

PATIENT

Jane Odom

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

8 Years

WEIGHT

~150 Pounds

INTERPRETED BY

Sara Brethel, DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
 DACVIM

HOSPITAL NAME

Central Vet Hospital

REFERRING VET

Dr. Chad Reynolds

INVOICE

35485

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Presented for lethargy, coughing, abdominal distension Rads - cardiomegaly, loss of serosal detail in abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	~4.0	~3.0	2.0	--	21.33	--	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	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	--	~0.6	~0.8	~68	6.7	7.5	5.9

Chest Radiographic Interpretation

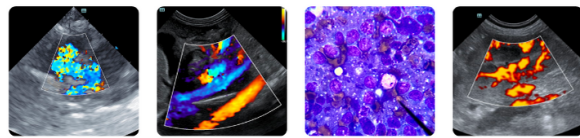
There is severe cardiomegaly and evidence of cardiogenic pulmonary edema.

Cardiac Presentation

The mitral valve leaflets are normal with moderate mitral regurgitation centrally directed. There is no prolapse of mitral valve leaflets. The left atrial size is severely increased. LV internal dimensions during diastole are increased and systolic function is decreased in the face of mitral regurgitation. The left ventricle is hypodynamic with thinning of the left ventricular walls. There is right atrial enlargement with mild to moderate evidence of tricuspid regurgitation. The tricuspid valve leaflets are normal. There is at least moderate evidence of pulmonary hypertension on this evaluation. The right ventricle appears to have preserved systolic function subjectively. The aortic and pulmonic valves had normal morphology and the corresponding outflow velocities were within normal limits. There was no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses. There are B-lines present. There is ascites present.

ULTRASONOGRAPHIC FINDINGS

- Dilated cardiomyopathy phenotype
- Left sided congested heart failure



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- B-lines
- Severe left ventricular systolic dysfunction

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is evidence of a dilated cardiomyopathy phenotype. Differentials include primary dilated cardiomyopathy (idiopathic), dietary related, infectious, or inflammatory. Sometimes, nontraditional grain free diets can cause decreased pumping function of the heart. There are other diseases such as infectious causes (tick borne), inflammatory conditions, or diseases that affect the body that can also cause this type of appearance to the heart. Other diagnostics to consider include screening for infectious diseases, ensuring blood work is within normal limits, and considering an abdominal ultrasound if the breed is not a classic breed for DCM (ie: classic breeds: Doberman, Great Dane, Irish Wolfhounds).

Cardiac medications such as pimobendan (0.27-0.32mg/kg PO q12) is recommended along with furosemide at a dose of 2.0 mg/kg twice daily. Once the patient is no longer in active congestive heart failure, I recommend starting ACE inhibitors (enalapril or benazepril 0.5mg/kg POq12-24). 2-3 weeks after starting ACE inhibition, repeat kidney values are recommended.

Due to the potential for arrhythmias with DCM, a Holter monitor is recommended. If a Holter is unavailable, recommend evaluating the rate and rhythm with an electrocardiogram. Unfortunately, due to the nature of this disease, the patient is at risk of passing away suddenly.

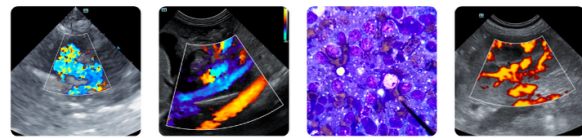
Unfortunately, patients in congestive heart failure with DCM have a poor to guarded prognosis. Given the fact that the patient is in biventricular failure, median survival times are often <6 months.

A Holter monitor is recommended due to the risks of arrhythmias.

Once the patient is no longer in active congestive heart failure, due to the severity and complicated nature of the patient's disease, evaluation with a veterinary cardiologist is strongly recommended. If not moving forward with evaluation with a cardiologist, recommend a recheck echo in 2-3 months.

The client should start monitoring respiratory rate and effort at home if not already doing so. The resting respiratory rate should be < 35-40 breathes/minute when the patient is resting or sleeping. If the breathing rates are increasing, then chest radiographs are recommended.

Recommend obtaining a blood pressure on the patient to ensure it is <160mmHg. If the blood pressure is elevated recommend following ACVIM guidelines for systemic hypertension and treating if indicated.



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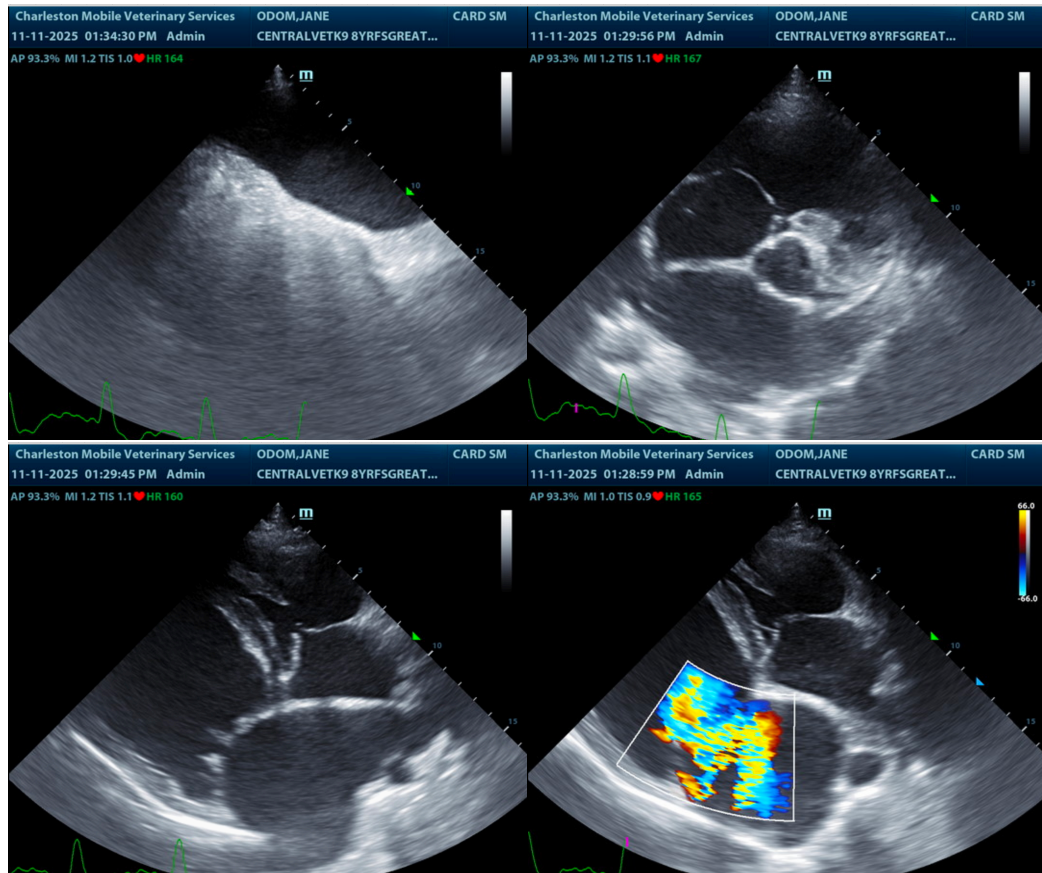
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sara Brethel DVM, DACVIM (Cardiology)

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