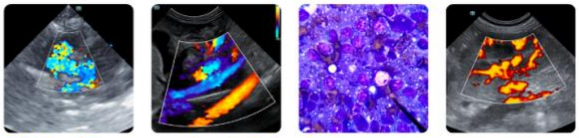

PATIENT

Amos Linville

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Neutered Male

AGE

5 Years 5 Months

WEIGHT

90 pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Clinic Madison Mayodan

REFERRING VET

Dr. Flanagan

INVOICE

13676

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- P presented for Comprehensive echo to screen for DCM. O concern due to breed and I believe genetic testing was done showing a concern for DCM

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	--	--	0.82	1.41	25	--	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	NM	1.74	1.35	40.9	4.3	4.4	3.3

Cardiac Presentation

The mitral valve leaflets are normal and there is no mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is an area of increased turbulence suspected to be at the level of the cava and entering the right atrium that shows persistent diastolic flow. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ECG

Sinus rhythm.

ULTRASONOGRAPHIC FINDINGS

- Diastolic flow suspect at the level of the cava.
- Otherwise, unremarkable echo.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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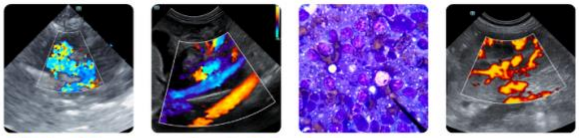

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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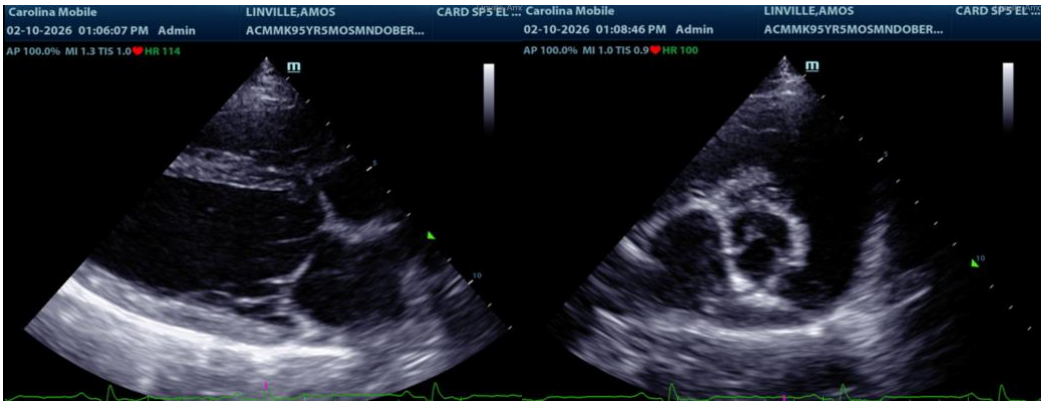
The heart measures within normal limits and there is no evidence of dilated cardiomyopathy. There's a region of diastolic flow identified near the cava. The significance of this is unknown. A congenital defect cannot be ruled out, however, considered less likely given the patient's age and lack of a heart murmur.

Given the patient's breed, despite having a normal ECG, a Holter monitor is recommended, and you can consider a referral to a veterinary cardiologist to further investigate this diastolic flow at the level of cava. Otherwise, I would have another echocardiogram performed in 10 to 12 months because of the patient's breed and the risk for developing dilated cardiomyopathy.



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)

info@SonoPath.com