



PATIENT

Rachel Telford

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

7 years

WEIGHT

19.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Westcott, DVM

HOSPITAL NAME

Alastair Westcott,
DVM

REFERRING VET

Dr. Westcott

PRESENTING CLINICAL SIGNS

History: Possible syncopal episodes (happens mainly when excited), there is temporary collapse. No heart murmur auscultated. Apparently pronounced sinus arrhythmia, pulse fair and synchronous.

-Radiographs: Suggested increased sternal contact of the heart. No signs of pulmonary edema.

-ECG (cardiologist read): Sinus arrhythmia with sinus pauses noted (suggested high vagal tone or SA nodal disease) and left axis deviation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trivial mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trivial tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic and trace right*normal and pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

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			NM	1.3	34	65	NM
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		0.95	0.64	8.7	1.7	2.5	1.7
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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

No significant structural abnormalities are seen in this exam. Cardiac structure and function are normal, with no significant valve regurgitation or systolic dysfunction identified. No pulmonary hypertension is identified, and in the absence of primary respiratory disease this is considered unlikely.

INVOICE

28393

DATE

1/17/22



PATIENT

Rachel Telford

SPECIES

Canine

BREED

French Bulldog

SEX

Female Spayed

AGE

7 years

WEIGHT

19.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

A. Westcott, DVM

HOSPITAL NAME

Alastair Westcott,
DVM

REFERRING VET

Dr. Westcott

INVOICE

28393

DATE

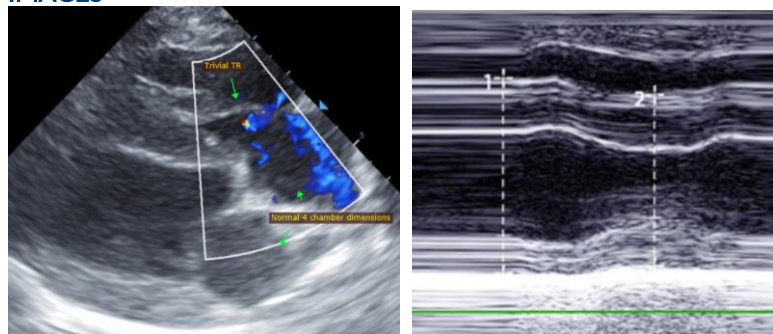
1/17/22

No structural cause for exertional syncope is identified. The ECG showed a respiratory sinus arrhythmia which is a normal finding as well (particularly given the breed); however, this does not entirely rule out arrhythmogenic syncope. A Holter monitor may be indicated if no other causes are identified. Outside of arrhythmias, other causes of syncope include vasovagal events, blood pressure swings (such as due to an adrenal tumor), or systemic issues such as neoplasia, electrolyte issues, etc. Full systemic work up may also be warranted (AUS, etc). The nature of the episodes being associated with excitement or cervical pressure would suggest vasovagal events, which are largely benign in origin. In this instance, avoidance or possible heart rate stimulation with theophylline can be useful depending on frequency of the episodes. If elected, a holter is recommended prior to a theophylline trial to ensure no malignant arrhythmias are at play.

No cardiac medications or follow up are indicated prior to further elevation.

A recheck echocardiogram is recommended should a murmur develop in the future, or any clinical issues related to cardiac disease occur.

IMAGES



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.

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.

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