



PATIENT

Misha Swinney

PRESENTING CLINICAL SIGNS

History (11/17/22): collapsed and passed out after getting up from a nap. BP: 180mmHg.

SPECIES

Canine

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
 Normal cardiac silhouette. No obvious evidence of CHF.

BREED

Cavalier

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.
 Morphology/MEA cannot be definitively commented on.

SEX

Female Spayed

A single lead ECG is available; 50mm/s, 10mm/mV. The average heart rate is 150bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

AGE

4 years

ECG diagnosis: Normal sinus rhythm.

WEIGHT

32lbs

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve leaflets appear normal in form and function with no thickening or prolapse into the left atrial lumen. Trivial mitral regurgitation noted with normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears subjectively normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No obvious narrowing of the LVOT. Laminar flow. No pulmonic or aortic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors identified.

CARDIAC CHART

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street Animal
 Hospital

REFERRING VET

Dr. Bretschneider

INVOICE

27571

DATE

11/18/22

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	NA	NA	NM	1.2	47	80	0.27
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	NM	1.3	0.85	14.5	2.0	3.1	1.6
*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)
				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)

Adapted from June Boon, Veterinary Echocardiography, 1998
 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
 Hansson et al, Vet Rad and Ultrasound 2002
 Bonagura et al. Echocardiography: principles of interpretation, Vet



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Clin North Am 15:1177, 1995	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)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

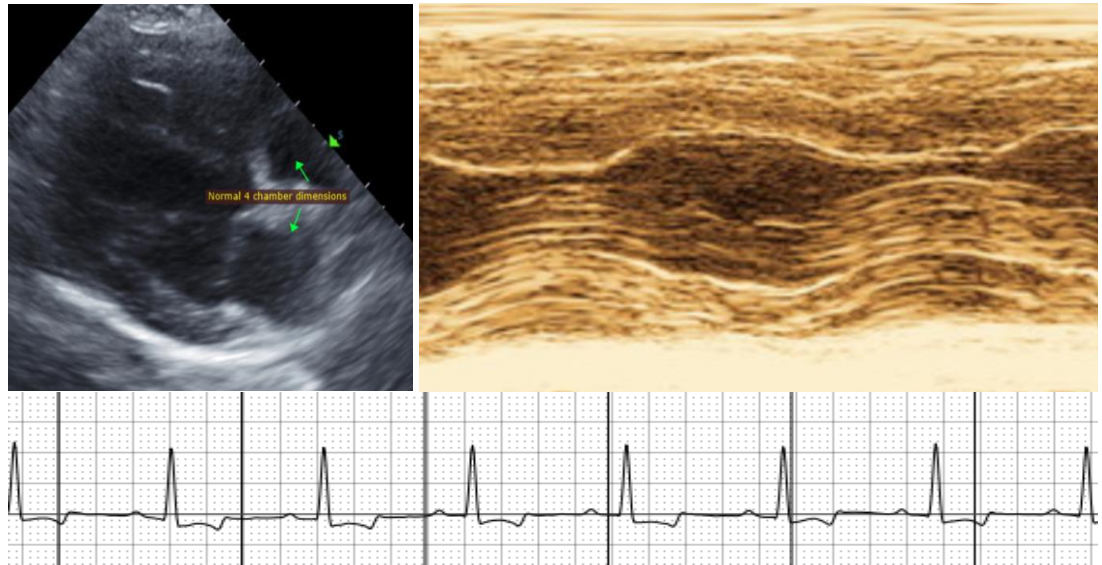
No significant structural abnormalities seen in this exam. Cardiac structure and function are normal, and the right heart is not prominent or obviously affected. Additionally, the ECG is unremarkable with a normal sinus rhythm.

These findings would suggest a cardiac cause for the recent episode is unlikely. Intermittent arrhythmias are not entirely ruled out with an unremarkable ECG; however, this is considered unlikely in this signalment. A holter monitor can be considered, assuming no obvious additional issue is identified. Consider systemic evaluation, particularly if the episodes recur in the future.

No cardiac medications are indicated. No cardiac contraindication for general anesthesia.

A recheck echocardiogram is indicated if a murmur develops or if clinical signs of cardiac compromise are noted (further collapse episodes, cough/labored breathing, etc.).

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.

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