



PATIENT

Colonel Dijonathen
Mustard Young

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Male Neutered

AGE

14.6 years

WEIGHT

14.80lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amanda Crook, SDEP

HOSPITAL NAME

River Edge Pet Medical
Center

REFERRING VET

Dr. Young

INVOICE

45849

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Two recent episodes of collapse immediately after vomiting. One with no known trigger (this morning). Found in the yard lateral, crying out, and limp soon after letting outside, although quickly regained the ability to stand (5-10 seconds). Grade 5/6 murmur. On Gabapentin 100mg PO BID. ECG (Idexx): showed supraventricular arrhythmia.

-Abnormal PE/Chem/CBC/UA Results (10/17/25): CBC: WNL. Chem 10: WNL.

-Pertinent previous echo findings (7/2025 MML): CVD B1. VPCs noted.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 120bpm with sinus pauses noted throughout. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. Occasional APCs seen. No VPCs, or other dysrhythmias observed.

ECG diagnosis: Suspect normal sinus rhythm with respiratory variation; however, sick sinus syndrome cannot be ruled out. Isolated APCs.

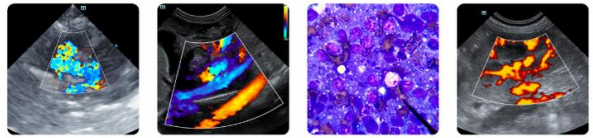
ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity. 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 or 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	5.5	2.7	1.7	1.5	42	75	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	NM	1.7	0.5	6.7	2.2	3.2	1.9	
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.					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)

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 Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior echo, findings are similar. Moderate MR and mild TR are unchanged with stable four chamber dimensions. No additional structural issues have developed.

The ECG does show two abnormalities. First, there are isolated APCs noted, which were interestingly ventricular in origin previously. Additionally, sinus pauses are noted throughout the study. While high vagal tone is possible, this breed is predisposed to sick sinus syndrome, which must be considered given reported syncope. An alternative explanation would be that a primary issue, such as GI upset, is causing high vagal tone and vasovagal events are resulting. Consider a holter monitor if no alternative explanation is found. An atropine challenge may also be helpful to test the health of the conduction system. Structural disease should not be related to the events.

Given these findings, no cardiac medications are clearly indicated. Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

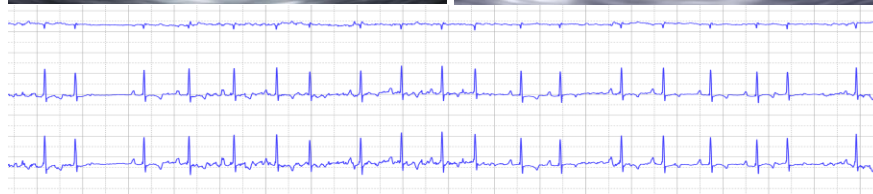
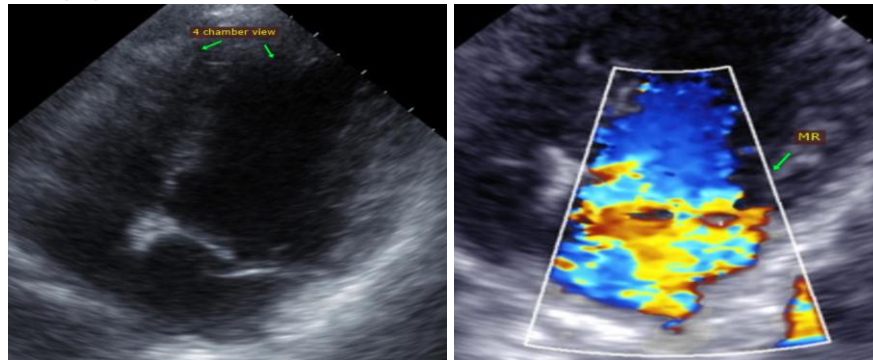
Anesthesia is not advised given the totality of the findings.

PLAN

A holter monitor should be considered if no alternative explanation for the episodes is identified. Consider an atropine challenge as discussed. Baseline BP should be obtained.

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES





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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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