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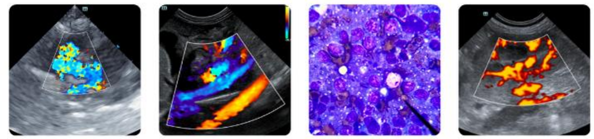


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Henry Urlacher

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

8.3 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Raul Casas, DVM

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr. Casas

INVOICE

46159

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Acute episodes of collapse (suspect syncope vs. seizure). Sudden collapse, limb extension, brief recumbency (10–15 sec duration), transient confusion, rapid recovery. Increased frequency during activity. Occasionally freezes/rolls over; sometimes needs help rising. No urination, defecation, incontinence, vocalization, or trauma noted. Behaving normally between episodes: eating/drinking, active (stairs, couch, bed), no lameness/ataxia. Moans/groans on abdominal palpation (baseline behavior). Vision impaired (pre-existing). No vomiting, diarrhea, coughing, sneezing - No known toxin or garbage exposure; home environment secure/ Mild anxiety post-episode (hospital setting). One episode observed by hospital technician (active state) BP (12/11/25): 110, 117mmHg. Distended pot-bellied abdomen.

Abnormal PE/Chem/CBC/UA Results: Alkaline Phosphatase 194, Blood Urea Nitrogen 42, Glucose 322, Potassium 3.6, WBC 22.31, NEU 19.17, MCH 24.6

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

A single lead ECG is available; 25mm/s, 5mm/mV. The average heart rate is 140bpm. 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 other dysrhythmias observed.

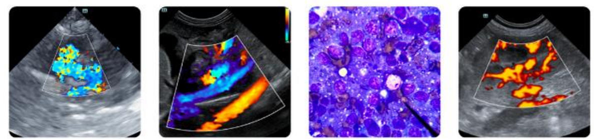
ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is mildly thickened with no prolapse into the left atrial lumen. There is trace mitral regurgitation present. There is no left atrial enlargement. There is no left ventricular dilation. Left ventricular systolic function is adequate. There is normal systolic flow velocity across the aortic valve, moderate aortic insufficiency. The aortic valve appears normal. No right atrial/ventricular enlargement. The tricuspid valve is mildly thickened with moderate tricuspid regurgitation. The tricuspid regurgitant velocity is consistent with moderate pulmonary hypertension. The pulmonary artery and branches are mildly dilated. The pulmonic valve is normal. No PI. No pericardial/pleural effusion or cardiac masses are seen.

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	4.0	NM	1.3	35	68	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	1.3	1.2	6.8	1.8	2.6	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 *Note: All measurements based upon multi-modal images and methods. An average value is reported.*				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)



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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	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

Unusual case . The only abnormality identified is tricuspid regurgitation with an elevated velocity. This is consistent with moderate pulmonary hypertension . What is unexpected is the right heart is normal with no enlargement seen despite the MPA being mildly enlarged. This likely suggests a more acute phenomenon such as a pulmonary thromboembolism as the cause of pressure elevation. This patient has no reported respiratory disease or history of heartworm infestation to otherwise explain the findings. The left heart is normal with trace mitral regurgitation. Finally the ECG is unremarkable with a normal sinus rhythm.

While pulmonary hypertension can certainly cause exertional syncope, the described episodes are unusual for this phenomenon. It is unclear as to the inciting / situational component; however, if exertion or stress is noted this may be related. A sildenafil trial certainly seems reasonable given the unusual nature of the findings. Additionally threeview CXR with the radiologist review are strongly recommended due to the unusual nature of the findings. The goal would be to assess for other causes such as a compressive mass that may lead to these findings. If the episodes do not respond to sildenafil and or are non exertional in nature, further workup should be considered.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

Anesthesia is not advised.

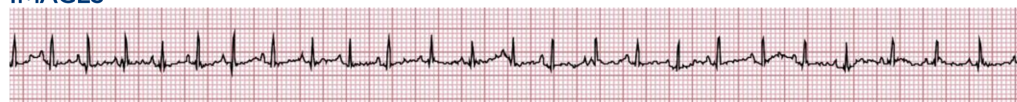
Prognosis is guarded long-term, with risk for progressive disease and/or development of associated issues such as congestive heart failure, exertional syncope, malignant arrhythmias, and/or sudden death in the future.

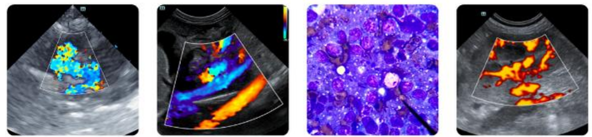
PLAN

Consider Sildenafil trial 1-2mg/kg PO q8h. Further evaluation including three view CXR and full systemic screening is recommended. Further historical information as to the situational component of the episodes may be helpful.

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES





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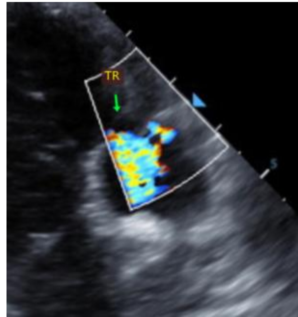

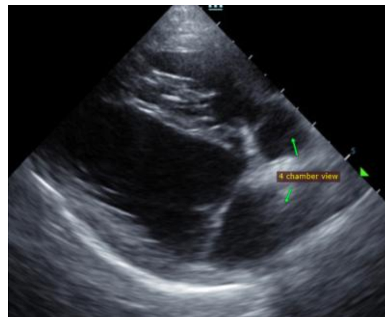

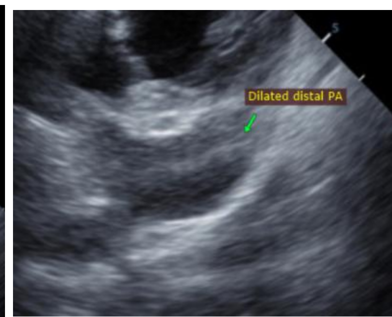

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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