



**PRESENTING CLINICAL SIGNS**

**DATE** History: Not eating great the past month, intermittent diarrhea. Runs around and collapses – stiffens up, almost like a seizure. ECG showed ventricular bigeminy.

12/31/21

**ECHOCARDIOGRAPHIC FINDINGS**

**PERFORMED BY:** 2D, M-mode, and Doppler study.

Loetitia Saint-Jacques, RVT, LVT

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function measures near the lower limit of normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**INTERPRETED BY**

Keith Blass, DVM, MS, DACVIM (Cardiology)

ECG during echo: Sinus rhythm with intermittent VPCs

**PATIENT**

Chance Edwards

LA – 40.4 mm  
LVIDd – 40.6 mm  
LVIDs – 30.2 mm  
FS – 25.6%  
RA – 35.1 mm  
LVOT – 1.12 m/s  
RVOT – 0.77 m/s

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Normal echocardiogram  
Ventricular premature complexes (VPCs)

**BREED**

Labrador Retriever

This examination demonstrates no evidence of structural heart disease, as trace mitral regurgitation can be considered a normal physiologic variant. As such, no reason for Chance's VPCs is appreciated in the image set. In some dogs that develop dilated cardiomyopathy (DCM), overt myocardial dysfunction can be preceded by VPC formation, therefore, it's possible that this could be the case with Chance, however, consideration should also be given to cardiac conduction system disease and the non-cardiac causes of VPCs mentioned in Chance's ECG report as possible causes.

**SEX**

MN

The arrhythmia seen in this ECG, as well as the reported bigeminy seen in a previous one, are too mild to be able to result in syncope, however, it's possible that Chance's arrhythmia could be more severe intermittently, therefore, his arrhythmia cannot be ruled out as a possible cause of Chance's episodes.

**AGE**

12 y

A Holter and/or event monitor is recommended to determine the severity of Chance's arrhythmia over a longer period of time and/or during a collapsing episode, respectively.

**WEIGHT**

86.8 lb

No therapy is recommended based on Chance's echocardiogram. If a more significant arrhythmia is detected, therapy with sotalol (40 mg BID) would be warranted. Moderate exercise restriction is recommended, as exercise can worsen Chance's arrhythmia.

**HOSPITAL NAME**

Brighton Greens VH

A recheck ECG is recommended in 3 months if Holter/event monitoring is not pursued. A recheck echocardiogram may be warranted in 6-12 months to reevaluate for the development of myocardial dysfunction.

**REFERRING VET**

Dr. Janeway



DATE

12/31/21

PERFORMED BY:

Loetitia Saint-Jacques, RVT, LVT

INTERPRETED BY

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)



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.

PATIENT

Chance Edwards

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.

SPECIES

Canine

Keith Blass, DVM, MS, DACVIM (Cardiology)

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BREED

Labrador Retriever

SEX

MN

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WEIGHT

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HOSPITAL NAME

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REFERRING VET

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