



PATIENT

Naloo Mohler

SPECIES

Canine

BREED

Standard Poodle

SEX

Female

AGE

6.4 years

WEIGHT

48.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Mariusz Chmielinski,
DVM

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Dr. Mariusz Chmielinski

INVOICE

46842

DATE

2/13/26

PRESENTING CLINICAL SIGNS

History: First-time episode concerning for syncope vs seizure; acute onset while sitting. - Appeared startled/panicked. Attempted to move forward but repeatedly collapsed. Hind limbs became stiff and tremulous. Tremors progressed to forelimbs and head after being picked up. Neck deviation observed. Duration: ~30–60 seconds. No urination, defecation, or vomiting. Owner reports very rapid, forceful heartbeat during event. Appeared conscious but confused and visually tracking. Rapid recovery: hind limbs normalized first, forelimbs normalized next. Fully recovered within minutes. Ate breakfast normally ~2 minutes later. Normal urination/defecation afterward.
-Abnormal PE/Chem/CBC/UA Results: (1/29/2026) Temp: 38.0°C, HR: 150–160 bpm initially (decreased to ~120 with relaxation), RR: 26 bpm, MM pink, CRT <2 sec BCS: 3/5/ BP: 178mmHg; stressed. Possible low-grade heart murmur ausculted No neurologic deficits on exam.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild MV thickening with no prolapse into the left atrial lumen. Trivial mitral regurgitation with a normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no 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 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	NA	NA	NM	1.3	28	50	0.1
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	1.6	1.2	21.8	2.9	4.3	3.1
*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

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

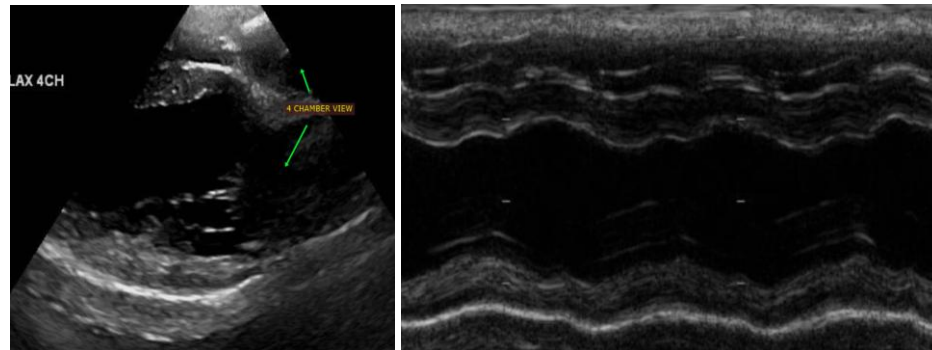
These findings would suggest a structural cause for the reported episode is ruled out. Other possibilities should be considered. Intermittent arrhythmias are possible and an ECG or holter monitor should be considered.

No medications are indicated and the prognosis is open from a cardiac standpoint.

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

A recheck echocardiogram is recommended should a significant murmur develop or signs of cardiac compromise be noted in the future.

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

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