



PATIENT

Zora Wright

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

9.9 years

WEIGHT

68.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Courter

INVOICE

22431

DATE

2/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. 1/29/22: Owner states that Zora fell over and was unresponsive and not breathing and defecated on floor.
Previous history from 9/21: Noted gallop rhythm on exam, no murmur present. History of fatigue on walks. ECG (IDEXX) single ventricular premature beats. One ventricular couplet identified. Rads reveal an overall mildly enlarged heart with evidence of left atrial enlargement.
-Current medications: Pimobendan 15mg 1/2-tab BI, Mexiletine 150mg caps 1 cap BID.
-Pertinent previous echo findings (9/2021 MML): Mild LVE, FS: 16%, moderate LAE, moderate MR, mild TR, mild PAH. LA: 4.2, LV: 6.0/5.1.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal left ventricular dimension with mildly depressed myocardial function. Moderate left atrial enlargement. The mitral valve appears thickened, with no obvious prolapse into the left atrial lumen. Mild central mitral regurgitation. Mild tricuspid regurgitation. Normal TR velocity. Mild right atrial and ventricular dilation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. Normal PA outflow velocities. No pericardial or pleural effusion noted. No obvious cardiac tumors. Runs of rapid tachycardia noted throughout the study.

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	5.0	2.1	1.4	1.7	28	40	1.7
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	140	1.7	0.9	31.0	4.1	5.0	3.6
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, structural disease appears stable. Mild improvement in left heart dimensions and function are noted, which may be due to Pimobendan therapy. Of much greater concern, there are runs of rapid tachycardia most consistent with ventricular tachycardia given

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the history. While ideally this would be confirmed on an ECG, given the recent syncopal episode I **would not hesitate to institute additional therapy as below.** No additional structural issues are identified.

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These findings are highly concerning with break-through arrhythmias noted. Patient is at high risk for sudden death even on medications, and activity restriction is advised. Ideally a holter monitor should be assessed in 2 weeks to ensure no additional medications are indicated. If clinical signs persist despite addition of Sotalol, immediate reassessment is advised.

BREED

Boxer

Prognosis is guarded to poor long-term.

SEX

Female Spayed

Elective anesthesia is not advised.

PLAN

Continue Pimobendan and Mexiletine as prescribed. Institute Sotalol 1-2mg/kg PO q12h.

AGE

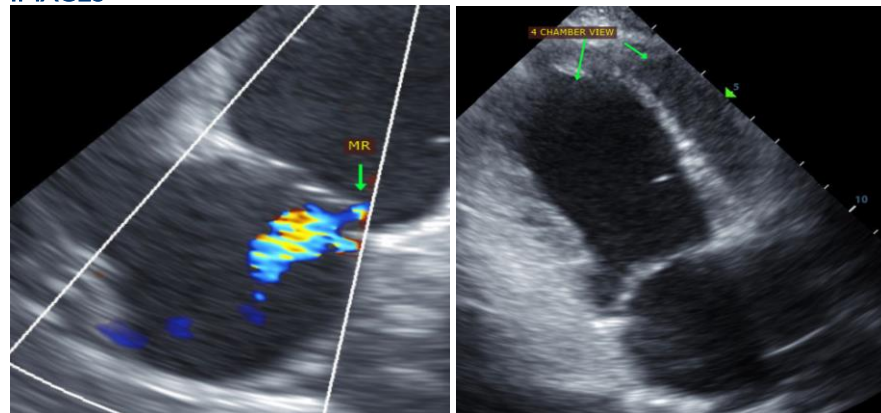
9 .9 years

Recheck ECG or ideally a holter monitor in 2 weeks, sooner if any recurrent syncopal episodes are noted.

WEIGHT

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A recheck echocardiogram is recommended in 6 months, sooner if clinical signs arise.

IMAGES**INTERPRETED BY**

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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. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

INVOICE

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