



PATIENT

Sophie Ghareeb

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

8 years

WEIGHT

67.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

PRESENTING CLINICAL SIGNS

History: Recheck echo. History collapse episodes and diagnosis of probable ARVC (frequent ventricular ectopy). Prior echo revealed normal cardiac size and function and frequent VPCs on ECG. Current presentation: Sophie has been doing well with normal respirations and no collapse episodes. Her activity level tends to wax/wane. In January, Sophie had Mexiletine added due to an increase in the number of VPC's as well as tachycardia.

-Pertinent previous echo measurements (5/19/21 MML): LA 2.4 cm; LA:Ao 1.1; LV 3.5 cm.
-Current medications: 1) Sotalol 80mg 3/4 tab twice a day 2) Pepcid daily 3) fish oil capsule daily 4) Mexiletine 150mg 1 capsule three times a day *No sedation for study.

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, 20mm/mV. The average heart rate is 70bpm (range 47-88bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Respiratory sinus arrhythmia.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. No mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Right ventricle is prominent.

Right atrium: The RA is prominent.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.7
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.3
LVID diastole (cm)	4.1
PW thickness (cm)	1.3
LVID systole (cm)	2.7
FS (%)	34

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INVOICE

23136

DATE

3/16/22

INTERPRETATION OF THE FINDINGS

Largely unchanged cardiac dimensions and function. The left heart is similar to previous with adequate systolic function. The right heart is prominent, which was not noted previously and likely reflects right-sided heart disease. No additional issues are identified.

The ECG shows a respiratory sinus arrhythmia with an overall bradycardia. No VPCs are noted, which is a good sign. Ideally, the resting heart rate would be increased; however, if



PATIENT
Sophie Ghareeb

the patient is doing well at home, I would not alter the dosages at this time. Even with good control seen here, it is important to note that the patient remains at risk for acute syncope and/or sudden death despite medication. It is certainly encouraging she continues to do well at this time.

SPECIES
Canine

BREED
Boxer

SEX
Female Spayed

AGE
8 years

WEIGHT
67.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM
DACVIM (Cardiology)

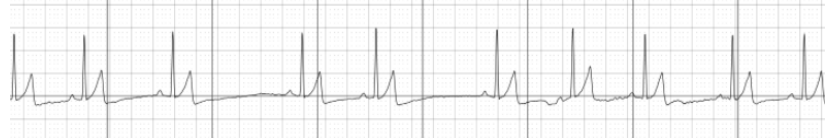
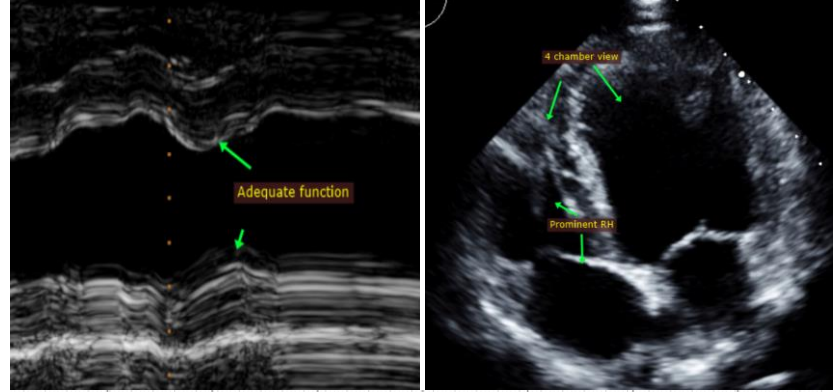
RECOMMENDATIONS

- Continue Sotalol and Mexiletine as prescribed.
- Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily as tolerated).
- Monitor at home for collapse, exercise intolerance, and/or lethargy.
- Anesthesia is not recommended until good arrhythmic control is achieved. Lifelong mild to moderate activity restriction is advised.

PLAN

- Monitor ECG/holter monitor every 6 months.
- Recheck echocardiogram are recommended in 6-12 months, sooner if any development of associated clinical signs.

IMAGES



IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

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.

REFERRING VET
Dr. Masloski

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.

INVOICE
23136

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

DATE
3/16/22

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)