

PATIENT

Clancy O'Toole

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

6 years

WEIGHT

83lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29914

DATE

3/29/23

PRESENTING CLINICAL SIGNS

History: Clancy was adopted from a rescue one year ago. He has been having syncopal vs seizure events since January. A CBC, Chem profile, ProBNP and thyroid levels done in January were all within normal limits. He has had 4 episodes---twice when on a short walk and twice when he saw people and got excited. The episodes are short and he gets right back up afterwards. Clancy is eating well with otherwise normal activity. On exam: intermittent arrhythmia, no murmurs noted, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 120 mmHg x 5. *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 140bpm (range 136-150bpm). 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: Normal sinus rhythm with respiratory variation.

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; no MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

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 obvious cardiac shunts. No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

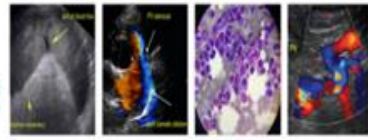
Ao diam (cm)	2.2
LA diam (cm)	3.1
LA:Ao (Swe)	1.4
IVS thickness (cm)	1.2
LVID diastole (cm)	4.0
PW thickness (cm)	1.0
LVID systole (cm)	2.4
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac dimensions and function. No significant valve leaks are appreciated and flow through the great vessels is normal. No pathology is suspected.



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The ECG is normal as well, with no obvious dysrhythmias; however, this does not entirely rule out arrhythmogenic syncope, and a holter monitor may be indicated if no other cause is identified. Outside of arrhythmias, other causes of syncope include vasovagal events, blood pressure swings (such as due to an adrenal tumor), or systemic issues such as neoplasia, electrolyte issues, etc. Full systemic work-up may also be warranted (AUS, etc.) and potentially a neurologic consultation may be suggested.

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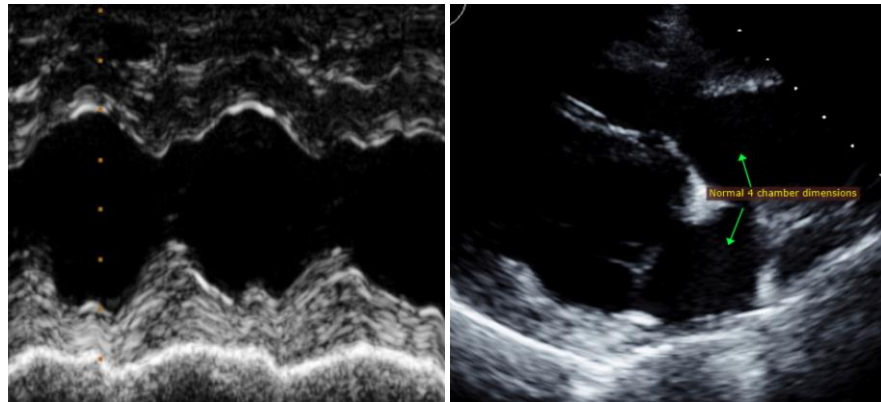
RECOMMENDATIONS

- No cardiac medications or follow up are indicated prior to holter and/or systemic evaluation findings.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recheck echocardiogram should a murmur develop in the future, or any signs of cardiac compromise be noted.

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.

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)