



PATIENT

Hank James

PRESENTING CLINICAL SIGNS

History: Tachycardia. VPCs.

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve appears mildly thickened with no MR. Borderline left atrial dimension. Normal LV diameter with borderline myocardial function. Normal LV wall thickness. The tricuspid valve appears normal in form and function. No TR. No overt evidence of pulmonary arterial hypertension or right heart compensation. The right heart is prominent in some views. The aortic valve is normal in morphology and mobility. No subvalvular ridge present with normal velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors.

CARDIAC CHART

AGE

8 years

WEIGHT

61.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDCS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Rodriguez

INVOICE

23562

DATE

4/11/22

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	1.4	27	50	NM
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	1.4	1.1	28.0	2.6	4.9	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

The cardiac structure and function are essentially normal in this patient. The left heart dimensions are normal, and the systolic function is considered borderline normal for a large breed dog. The right heart is prominent in some views, and monitoring for progression is advised given the signalment. No valvular insufficiencies were noted, and no structural issues identified.

VPCs are a very non-specific finding. They can be primary in origin (such as ARVC), be secondary to significant cardiac disease (not present in this study) or be extra-cardiac in origin, i.e., due to pain, stress, inflammation, cancer, GI disease, DIC/sepsis, etc. In an 8yo Boxer, there is certainly concern for ARVC (most common age of onset 6-8yo, often asymptomatic); however, other



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extra-cardiac causes should be ruled out. ARVC can occur with or without systolic dysfunction and structural issues, however even normal structure/function should be monitored going forward for any progressive issues. Unfortunately, there is always an elevated risk for collapse and sudden death in any arrhythmic patient, and even on medications this risk unfortunately still persists.

SPECIES

Canine

This study does not address the need for treatment/further evaluation of the arrhythmia, and the ECG report should be referenced (sotalol v mexiletine v no therapy v holter).

BREED

Boxer

Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily as tolerated).

SEX

Male Neutered

Anesthetic recommendations should be referenced from the ECG report. No structural contraindication.

Monitor at home for collapse, exercise intolerance, and/or lethargy.

AGE

8 years

PLAN

Address ECG findings as dictated by the ECG report.

WEIGHT

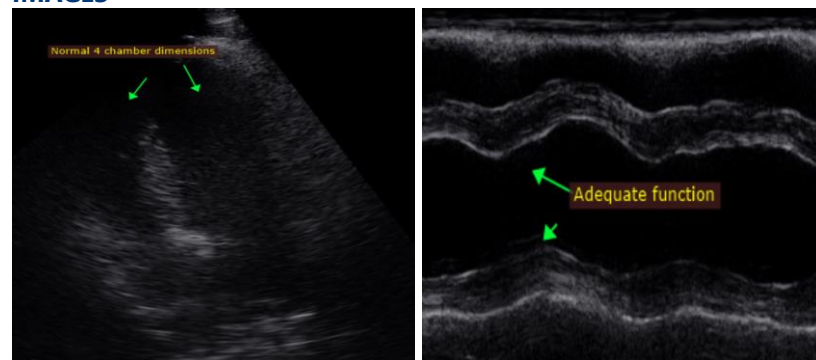
61.7lbs

Recheck echocardiogram is recommended in 6 months to assess for progression, sooner if any development of associated clinical signs.

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IMAGES



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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.

REFERRING VET

Dr. Rodriguez

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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