



PATIENT

June Bug Bernsohn

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Female Spayed

AGE

7 years

WEIGHT

40.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23437

DATE

4/5/22

PRESENTING CLINICAL SIGNS

History: June Bug has a persistent bradycardia noted over the past few months (heart rate in the low 50's at rDVM). She is scheduled for surgery end of this month for a MCT removal. She is doing well at home with no problems noted. She is eating well with normal exercise level. On exam, no murmur was noted. BP: 120mmHg x 3. No medications.

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 90bpm (range 60-107bpm). 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: Suspect respiratory sinus arrhythmia; cannot rule out sinus node dysfunction.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with borderline myocardial dysfunction. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal. 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: 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 trivial 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)	0.94
LVID diastole (cm)	3.4
PW thickness (cm)	1.0
LVID systole (cm)	2.4
FS (%)	29

Doppler Measurements

PV Vmax (m/s)	0.72
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The LV function does appear borderline depressed, which may be a normal variant or reflect early disease. Monitoring is advised going forward. There is no significant chamber dilation or valve leaks identified.

The ECG is most consistent with a profound sinus arrhythmia with suspected respiratory variation. This is typically a normal finding secondary to high vagal tone (causes for high vagal tone can be investigated including GI, respiratory, neurologic disease, etc.) or can be inappropriate and reflect sinus node dysfunction. The only way to know the difference is



PATIENT
June Bug Bernsohn

to assess response to exercise (does the heart rate/rhythm have a normal response?) or an atropine challenge (0.04mg/kg IV or IM). Further assessment is recommended prior to anesthesia. If the rate does not stimulate appropriately (should develop a regular sinus tachycardia and maintain for 10-15 minutes), consider a holter monitor or referral as the next step in evaluation.

SPECIES
Canine

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Avoid non-traditional diets lifelong.
- A baseline thyroid level may be considered.
- Consider an exercise response test and/or atropine challenge as discussed. This can be done immediately prior to anesthesia.
- No cardiac contraindication for general anesthesia pending a normal response. If the response is abnormal, referral is advised, and anesthesia is high risk.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

BREED
Australian Cattle Dog

SEX
Female Spayed

AGE

7 years

PLAN

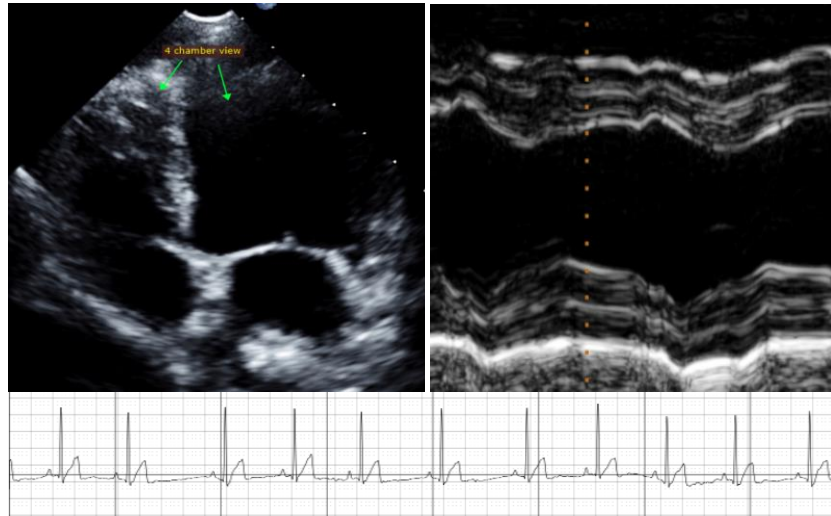
- Recommend a recheck echocardiogram in 1 year to screen for progression.

WEIGHT
40.5lbs

IMAGES

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)



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

23437

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

DATE

4/5/22

Echocardiogram performed by:

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