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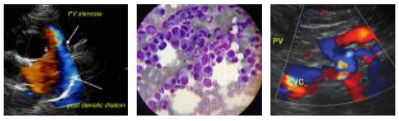

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PATIENT
Roscoe Singewald

SPECIES
Canine

BREED
Labrador mix

SEX
Male Neutered

AGE
1.21.11

WEIGHT
102lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
North East Animal Hospital

REFERRING VET
Dr. Hanlin

INVOICE
24380

DATE
5.24.22

PRESENTING CLINICAL SIGNS

History: Tachycardia, notable arrhythmia.
-Pertinent abnormal PE/Chem/CBC/UA Results: Increased ALT/ALKP.
-Current medications: Denamarin.
-Sedation used: Torbugesic IV.
-Pertinent previous ultrasound results: No previous.
-STAT: Not requested.
-Imaging performed by: Stephanie Pearce RDCS, RVT.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at both 25 and 50mm/s; 2mm/mV. The average heart rate is 110bpm (range 50-167bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. Isolated VPCs throughout; monomorphic, singles only. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Respiratory sinus arrythmia with isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trivial mitral regurgitation is identified. Normal left atrium. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trivial tricuspid regurgitation. The right heart appears normal (subjective). No overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	NA	NA	NM	1.3	30	58	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	78	1.5	0.9	46.3	3.3	4.4	3.1
*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)
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*				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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. No significant valve issues are noted. No right heart dilation or structural issues are identified. Systolic function is intact without evidence of DCM. Tachycardia is noted in the history; however, the patient was sedated, and this is not apparent on the tracing.

Isolated ventricular premature contractions were identified on the ECG. VPCs are generated from abnormal conductive or fibrotic tissue in the ventricles of the heart muscle, and even frequent single VPCs will often cause no clinical signs in dogs. When sustained however, ventricular tachycardia can lead to symptoms such as lethargy and collapse.

VPCs are a very non-specific finding. They can be primary in origin, 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 a senior lab, primary arrythmias are possible; however, all differentials should be ruled out. Consider full systemic evaluation, including abdominal ultrasound. 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. VPCs carry a HIGHLY variable prognosis, with some dogs able to remain asymptomatic for extended periods of time, and others developing exercise intolerance, syncopal episode, and refractory arrhythmias/sudden death imminently.

Based strictly upon the amount of arrhythmia present on the available ECG in this asymptomatic dog, anti-arrhythmic therapy is not clearly indicated. A holter monitor can be considered as the next step to allow monitoring of the rhythm throughout 24 hours of a normal day and help determine if treatment is indicated. An alternative approach would be to simply monitor for clinical signs and recheck ECG in 6 months. Discussion with the owner is advised.

Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily). Mild activity/stress restriction is advised.

Monitor at home for collapse, exercise intolerance, and/or lethargy. If a holter monitor is elected, this will dictate whether therapy is needed and follow up protocol. I would not recommend anesthesia until the results are available if elected. If declined, an ECG should be monitored during general anesthesia and lidocaine administered in the event of sustained VT or malignant arrhythmias. Avoid stimulants such as atropine or glycopyrrolate unless indicated.

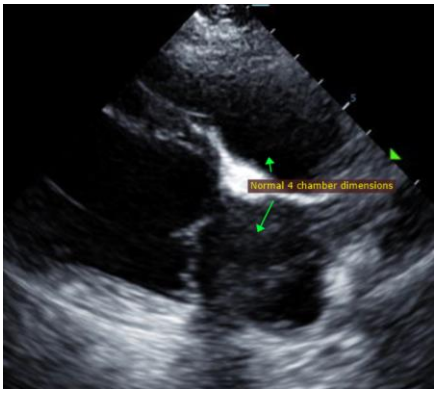
No cardiac medications are indicated at this time. Monitor for any development of cough, labored breathing or exercise intolerance.

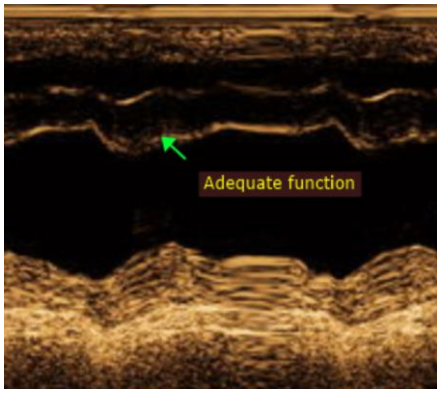
PLAN

Consider Holter monitor as discussed. Consider systemic evaluation as discussed. If a holter is declined, recommend a recheck ECG is recommended in 6 months (sooner if any collapse episodes occur).

A recheck echocardiogram is recommended every 6-12 months to screen for development of dilation/dysfunction.

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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