



PATIENT

Finley Dumas

SPECIES

Canine

BREED

Irish Wolfhound

SEX

FS

AGE

9 years

WEIGHT

116lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDCS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Smith

INVOICE

24109

DATE

5/9/22

PRESENTING CLINICAL SIGNS

History: Arrhythmia. Decreased appetite and lethargy.

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, 10mm/mV. The underlying rhythm is supraventricular in origin, without obvious identifiable p waves. The rhythm is irregular (HR range 130-188bpm) most consistent with atrial fibrillation. Sinus rhythm with frequent APCs is not ruled out. Frequent VPCs; singles only and monomorphic. ECG diagnosis: Suspect atrial fibrillation with frequent isolated VPCs.

ECHOCARDIOGRAM FINDINGS *Limited image set submitted.

2D, m-mode, color flow and doppler imaging is available. The MV appears normal with no prolapse into the left atrial lumen. No obvious MR. The LA appears dilated. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no obvious tricuspid regurgitation. Mild RA dilation (subjective). The RV appears largely normal. No pericardial or pleural effusion noted. No obvious cardiac masses. Irregular rate/rhythm throughout.

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	NM	40	76	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	1.1	NM	53	NM	5.5	3.3
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most significant structural abnormality is biatrial enlargement. This is difficult to confirm without standard images; however, both atria appear subjectively outside the normal range. The LV dimension and function is intact, ruling out typical DCM-phenotype. No significant valvular insufficiencies were noted.



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As a complicating factor, the patient has also developed an arrhythmia. Frequent VPCs as well as atrial fibrillation (AF) is suspected, although difficult to confirm without a standard ECG tracing. What is unusual in this case is the heart rate is reasonable despite development of AF, with a max of 188bpm. This may suggest that primary or lone AF was present initially (which is benign in origin and common in giant breed dogs), and now atrial dilation has developed secondarily. Once a patient is in AF, this will likely never convert back to sinus rhythm, however they typically do well with simple rate control. Because of the atypical HR in addition to frequent ventricular ectopy I have advised low dose sotalol to start as this has effect on both resting sinus/AF rate and VPCs. Assessment of response is paramount, as uncontrolled arrhythmias can lead to rapid decline at home. Systemic evaluation is advised to screen for underlying issues given the unusual nature of this case.

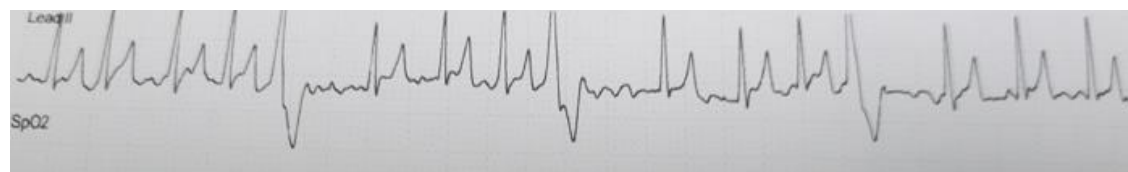
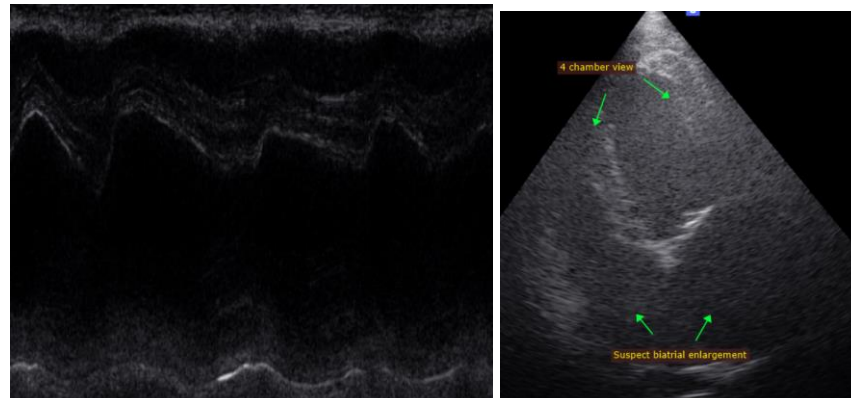
Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Patient will remain at risk for both right and left-sided congestion lifelong. Omega fatty acid supplementation (1000mg once to twice daily) and mild salt restriction may be of some long term benefit.

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

Anesthesia is not advised at this time.

Plan: Institute Sotalol 60mg (available in 120mg tablets) PO q12h. Reassess an ECG (ideally a 6 lead) in 1-2 weeks, sooner if any clinical signs worsen at home. Consider full systemic evaluation to screen for underlying issues. At this time, reassessing the echocardiogram ideally with light sedation is recommended for a full study.

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.



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Thank you for this referral. 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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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