



PATIENT PRESENTING CLINICAL SIGNS

Gizmo Landry

History: Gizmo was noted to have an arrhythmia in June after being pre-medicated for dental with extractions. History hypothyroidism - recent thyroid level within the normal range. He has a good appetite and normal activity level. On exam: transient arrhythmia, no murmurs noted, PSS, lung fields clear. BP: 160mmHg x 4. Current medications: 1) Thyroxine 0.1mg 1/2 tab twice a day 2) Clindamycin 1 ml twice a day 3) Rimadyl/carprofen 25mg 1/4-tab prn *No sedation for study.

SPECIES

Canine

BREED

Papillon

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 sinus in origin with an average heart rate of 150bpm (range 125-188bpm). P for every QRS complex and vice versa. P and QRS morphologies are positive. Supraventricular arrhythmias are noted throughout; including single APCs, couplets, and brief 3-beat runs of SVT, heart 250bpm. No sustained SVT or ventricular ectopy is appreciated. ECG diagnosis: Sinus rhythm with supraventricular arrhythmias.

AGE

13 years

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.

WEIGHT

4.81lbs

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild central mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace 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 pericardial or pleural effusion noted. No obvious cardiac masses.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.1
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.51
LVID diastole (cm)	1.9
PW thickness (cm)	0.52
LVID systole (cm)	1.2
FS (%)	37

Doppler Measurements

PV Vmax (m/s)	0.62
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INVOICE INTERPRETATION OF THE FINDINGS

25447

Chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

DATE

7/20/22



PATIENT
Gizmo Landry

SPECIES
Canine

BREED
Papillon

SEX
Male Neutered

AGE
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WEIGHT
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The ECG shows supraventricular arrhythmias, including APCs and a brief run of SVT (3 beats in length). This is suspected to reflect an atrial tachycardia (AT), although six-lead tracing would be necessary to confirm. Regardless, what is seen here is relatively benign, and should not cause clinical issues unless sustained tachycardia develops. A holter monitor can be considered to establish a baseline for future comparison and confirm that no therapy is warranted at this time. An alternative approach would be simple monitoring for associated clinical signs of sustained arrhythmias at home (acute onset lethargy/collapse), with immediate reassessment advised in these instances. Discussion with the owner is advised.

Given only mild structural disease, this is suspected to reflect a primary arrhythmic issue. That being said, systemic illness such as neoplasia can lead to development of SVT as well and full systemic evaluation may be reasonable.

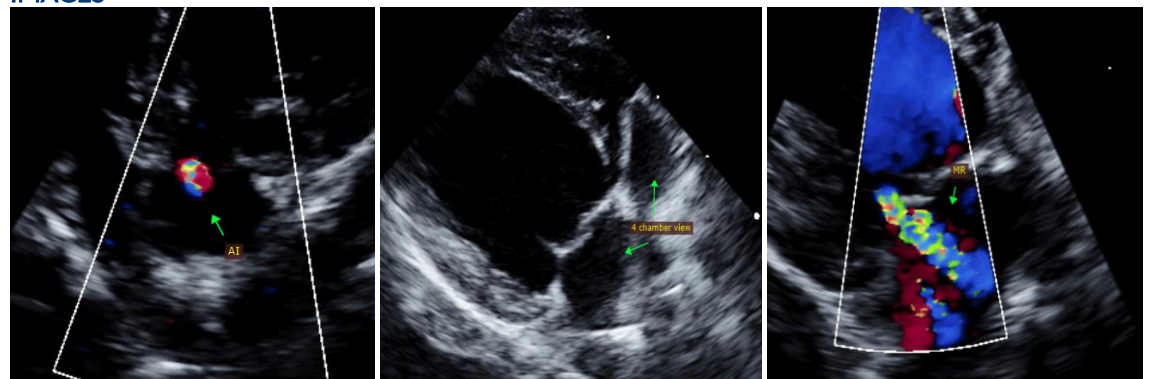
RECOMMENDATIONS

- Consider a holter monitor versus monitoring.
- Consider full systemic evaluation as discussed.
- No cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated. Recommend have diltiazem injectable on hand to be administered for any sustained SVT throughout the procedure.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

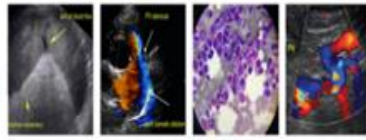
- Recommend conservative monitoring with a recheck echocardiogram and ECG in 6 months, sooner if any development of clinical signs.

IMAGES





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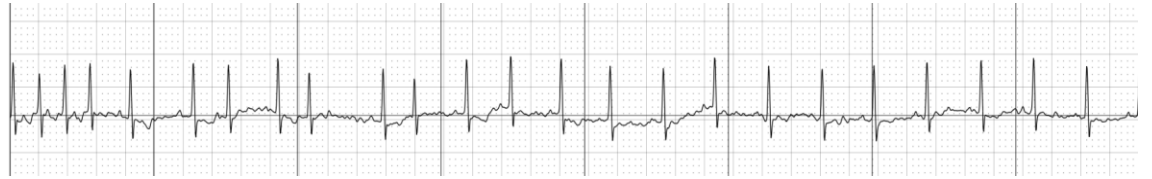
Dr. Masloski

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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.

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)