



**PATIENT**

Peanut Kostigna

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Male Intact

**AGE**

7 months

**WEIGHT**

28lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

VCA Hanson Animal  
Hospital

**REFERRING VET**

Dr. Jewett

**INVOICE**

25528

**DATE**

7/25/22

**PRESENTING CLINICAL SIGNS**

History: Routine wellness exams = NSF. No murmur. 3/13/22: Presented to ER for "collapse", loose stools, pale gums. Rule outs included pneumonia, NCPE, toxin, anaphylaxis, vagal event, metabolic. 6/19/22: Presented to ER for straining to defecate, shaking, hypersalivating, difficulty walking. Owner noted at the signs appeared similar to the episode in March. ECG, BP and AFAST were normal. No anaphylaxis. Echocardiogram recommended.

**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.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is normal; no MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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 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 obvious cardiac shunts. No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 140bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.7
LA diam (cm)	2.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.8
LVID diastole (cm)	2.7
PW thickness (cm)	0.9
LVID systole (cm)	1.6
FS (%)	43

**Doppler Measurements**

PV Vmax (m/s)	0.87
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

No significant structural abnormalities are seen on this exam. The cardiac structure and function are normal, with no obvious pathology. The brief ECG is normal as well, with no obvious dysrhythmias; however, this does not entirely rule out arrhythmogenic syncope, and a holter monitor may be indicated if no other cause is identified. Outside of arrhythmias, other causes of syncope include vasovagal events, blood pressure swings (such as due to an adrenal tumor), or systemic issues such as neoplasia, electrolyte issues, etc. Full systemic work up may also be warranted (AUS, etc.) and potentially a neurologic consultation may be suggested



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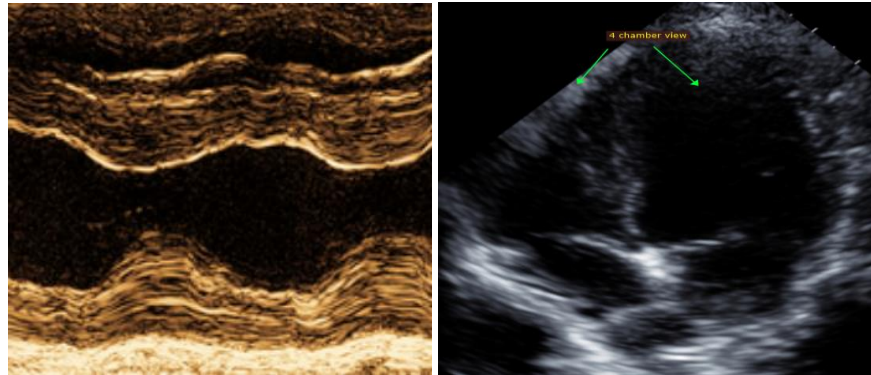
**RECOMMENDATIONS**

- No cardiac medications or follow up are indicated prior to holter and/or systemic evaluation findings.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Recheck echocardiogram should a murmur develop in the future, or any signs of cardiac compromise be noted.

**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.

**Maggie Machen Lamy, DVM**  
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