



**PATIENT**

Harley Witcomb

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

82lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**  
Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

20480

**DATE**

8/11/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History normal cardiac dimensions and function on prior echocardiogram performed after onset of collapse episodes. Ventricular bigeminy, couplets, triplet were noted on ECG. Current presentation: Harley has had some random coughing noted with no pattern noted to it. No dyspnea but does have some occasional exercise intolerance. She is presently eating well with no noted C/S/V/D/PU/PD. CV/RESP: predominantly NSR, no murmurs noted, PSS, lung fields clear. BP: 150mmHg x 4.  
-Current medications: 1) Sotalolol 80mg 3/4 tab twice a day 2) Snip tips \*No sedation.  
-Pertinent previous echo findings (9/29/20 MML): LA 3.2 cm; LA:Ao 1.39; LV 3.32 cm.

**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 100bpm (range 43-125bpm). 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: Normal sinus rhythm with respiratory variation.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is normal with mildly depressed myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is mildly dilated.

**Mitral valve:** The mitral valve is mild diffusely thickened with minimal prolapse into the left atrial lumen. Mild eccentric 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:** Right ventricular is prominent without significant hypertrophy.

**Right atrium:** RA is prominent.

**Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity.

**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)	2.2
LA diam (cm)	3.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	4.3
PW thickness (cm)	0.9
LVID systole (cm)	3.3
FS (%)	23

**Doppler Measurements**

PV Vmax (m/s)	0.74
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.1
TR PG (mmHg)	18



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**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, the only difference is mild LV dysfunction is identified. The LV dimension is increased comparatively, although it remains within the normal range for this body size. The LA is also unchanged which is a good sign. Possible explanations for development of LV dysfunction may be institution of Sotalol or progression of underlying cardiomyopathy. Follow up is certainly advised. No additional issues are identified.

The ECG shoes a normal sinus rhythm with a relatively low resting heart rate. This is good news compared to the prior evaluations with significant ventricular arrhythmias

Given these findings, no additional medications are indicated as the patient is reportedly doing well at home. If there is any progressive LV dilation or dysfunction going forward, we will not hesitate to institute Pimobendan at that time. Unfortunately, the risk for collapse or sudden death will remain elevated life-long in this patient; however, it is encouraging that the symptoms have improved.

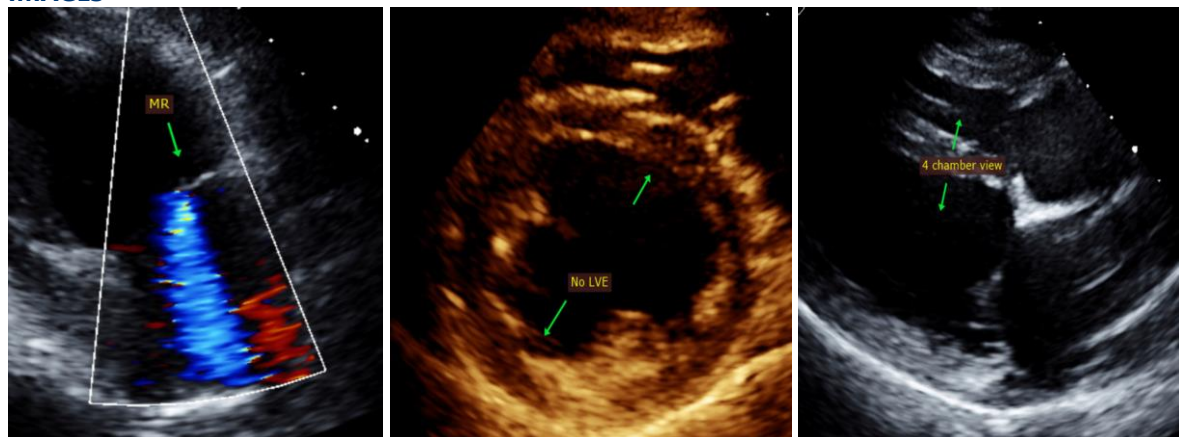
**RECOMMENDATIONS**

- Continue Sotalol as prescribed.
- Consider monitoring a holter monitor every 6 months.
- Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily as tolerated).
- Monitor at home for collapse, exercise intolerance, and/or lethargy.
- Anesthesia is not recommended until good arrhythmic control is achieved. Lifelong mild to moderate activity restriction is advised.

**PLAN**

- Recheck ECG and echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

**IMAGES**





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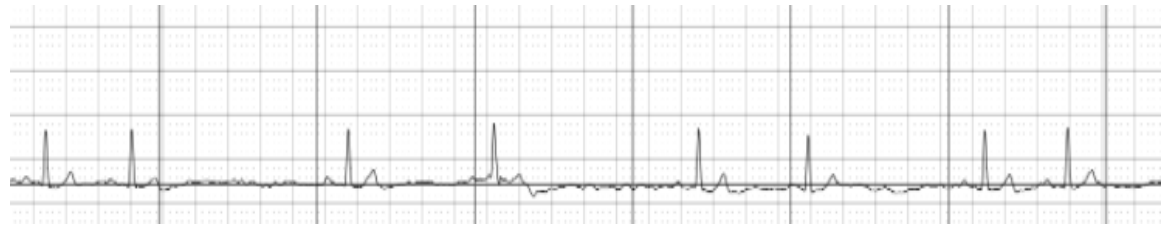
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

**Echocardiogram performed by:** Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)