



PATIENT
Mia Vanwright Cook

SPECIES
Canine

BREED
Boxer

SEX
Female Spayed

AGE
2 years

WEIGHT
62.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**
Pamela Harrigan,
RDMS

HOSPITAL NAME
Mass Veterinary
Specialty Services

REFERRING VET
Dr. Masloski

INVOICE
20476

DATE
8/11/21

PRESENTING CLINICAL SIGNS

History: Mia was noted to have a heart murmur mid-June after experiencing an episode of ataxia/syncope. The episode involved a collapse with some foaming and lasted a few minutes. There was no urinating or defecating noted and was back to her normal self after the episode. Good appetite (Merrick grain free food) with no C/S/V/D/PU/PD She continues to be active and playful. CV/RESP: NSR , grade I/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 150mmHg x 4. *Sedated with propofol to effect for exam.

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 with no prolapse into the left atrial lumen. No MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. 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 trivial physiologic 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.

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

2-Dimensional Measurements

Ao diam (cm)	2.2
LA diam (cm)	2.5
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.2
LVID diastole (cm)	3.4
PW thickness (cm)	1.2
LVID systole (cm)	2.4
FS (%)	29

Doppler Measurements

PV Vmax (m/s)	0.87
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized (trace TR is considered physiologic), and no evidence of pulmonary hypertension. No obvious congenital issues are visualized or suspected at this time. If the murmur is ausculted consistently in the future, reassessment is certainly advised. Even without evidence of diet-related



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cardiomyopathy, diet change remains a conservative recommendation with avoidance of BEG options.

SPECIES

Prognosis is open at this time.

Canine

The brief ECG is normal as well, with no obvious dysrhythmias; however, this does not entirely rule out arrhythmogenic syncope, particularly given the breed. 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

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- No cardiac medications are indicated at this time.
- Consider a holter monitor, systemic evaluation, etc. particularly should the episodes recur.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

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- Recheck echocardiogram is recommended in 1 year to reassess murmur origin and screen for development of disease the preexisting murmur may mask.

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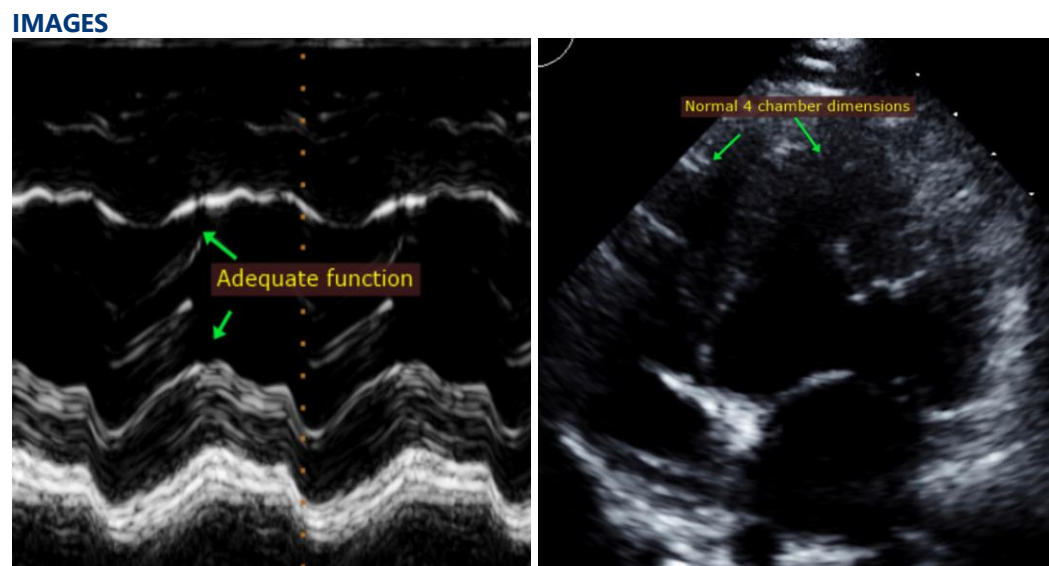
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

BREED

Boxer

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

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

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