

PATIENT PRESENTING CLINICAL SIGNS

Warlock Leap
History: Episodes of collapse with excitement or pressure on neck.
-Blood pressure: 140/84, 89/37, 133/79, 139/106mmHg.

SPECIES ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.
Morphology/MEA cannot be definitively commented on.

Canine
A single lead ECG is available from an AliveCor monitor; 50mm/s, 20mm/mV. The average heart rate is 100bpm (range 64-120bpm). Baseline artifact impedes clear identification of P waves; however, a sinus origin is suspected. P for every QRS complex and vice versa. The P and QRS morphologies are positive with normal dimension. No ectopic beats, pauses or other dysrhythmias observed.

BREED
American Bulldog Mix

SEX
ECG diagnosis: Profound respiratory sinus arrhythmia with presumed respiratory variation.

Male

AGE
11 months

WEIGHT
108lbs

ECHOCARDIOGRAM FINDINGS
2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. No mitral regurgitation with normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

CARDIAC CHART

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak
Veterinary Clinic

REFERRING VET

Dr. Thompson

INVOICE

20549

DATE

8/16/21

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	1.3	1.1	49	80	0.19
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	137	1.7	1.3	49.0	3.0	4.9	2.5
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

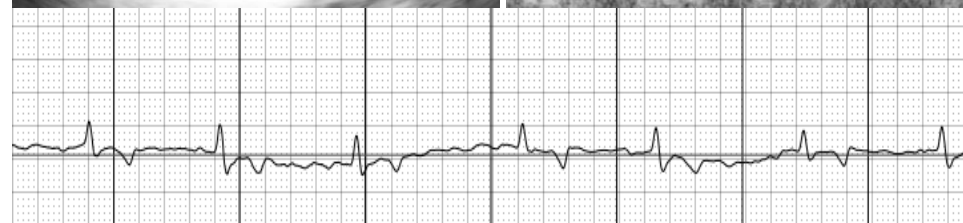
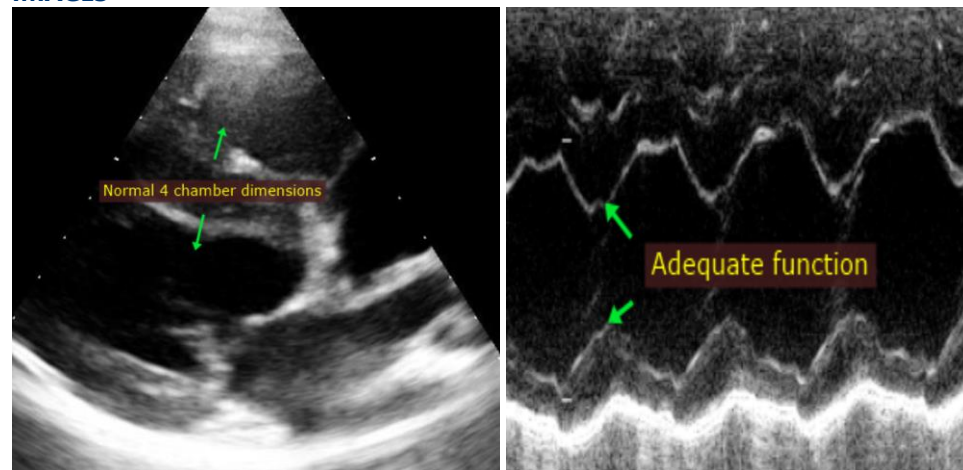
No significant structural abnormalities are seen in this exam. Cardiac structure and function are normal, with no significant valve regurgitation or systolic dysfunction identified. The ECG shows a respiratory sinus arrhythmia which is a normal finding as well (particularly given the breed); however, this does not entirely rule out arrhythmogenic syncope. A Holter monitor may be indicated if no other causes are identified. Outside of arrhythmias, other causes of syncope include vasovagal event, 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). **The nature of the episodes being associated with excitement or cervical pressure would suggest vasovagal events, which are largely benign in origin.** In this instance, avoidance or possible heart rate stimulation with theophylline can be useful depending on frequency of the episodes. If elected, a holter is recommended prior to a theophylline trial to ensure no malignant arrhythmias are at play.

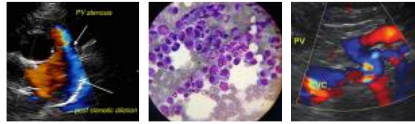
No cardiac medications or follow up are indicated prior to further elevation.

The reported blood pressures are too variable to interpret. Ideally obtain serial measurements in a controlled, low stress environment and continue until the readings plateau within 5mmHg of variability for 3+ readings.

A recheck echocardiogram is recommended should a murmur develop in the future, or any clinical issues related to cardiac disease occur.

IMAGES





PATIENT

Warlock Leap

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.

SPECIES

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

American Bulldog Mix

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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