



PATIENT

Winston Fogel

SPECIES

Canine

BREED

English Bulldog

SEX

Male Neutered

AGE

Not provided

WEIGHT

78lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dana Alterman,
RDCS, LVT

HOSPITAL NAME

Eubank Animal Clinic

REFERRING VET

Dr. Russman

PRESENTING CLINICAL SIGNS

History: Arrhythmia and Tachypnea for 1 month.

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 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. A single VPC is identified. No supraventricular premature beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia with a VPC.

ECHOCARDIOGRAM FINDINGS *limited images submitted.

Limited 2D and brief color flow imaging is included. Adequate systolic function with mild LV dilation. The right heart appears enlarged. No obvious mitral regurgitation. Severe left atrial enlargement. Scant effusion appears pericardial; however, pleural is not ruled out.

CARDIAC CHART

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	NM	NM	NM	2.0	40	76	NM
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	NM	NM	NM	35.4	4.3	5.1	3.0
*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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, this is not considered a diagnostic study. What can be confirmed from this image set is that there is underlying cardiomyopathy; however, the exact diagnosis is not clear. The systolic function appears adequate; however, the left atrium is enlarged without obvious mitral

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regurgitation. The right heart is also enlarged and there is development of effusion, although pericardial versus pleural is difficult to tell.

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The ECG shows a single VPC with an otherwise unremarkable recording. In total, these findings likely reflect RV cardiomyopathy in this predisposed breed. Highly recommend immediate referral in this case, given development of effusion as well as reported tachypnea. If declined, baseline chest radiographs are strongly recommended with hospitalization for ECG monitoring. Additionally, if referral is declined, consider treating for congestive heart failure understanding that we do not have a definitive diagnosis in this patient.

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Prognosis is guarded to poor, given the severity of what is seen here.

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PLAN

Highly recommend referral for advanced imaging, hospitalization and ECG monitoring. If declined, at a minimum baseline chest radiographs and extended ECG are recommended. Consider treatment for assumed CHF if all other options are declined, including Lasix 1-2mg/kg PO q12h, Pimobendan 0.3mg/kg PO q12h, Spironolactone 1-2mg/kg PO q12h. If the symptoms/effusions do not resolve with therapy, other non-cardiac differentials must be considered.

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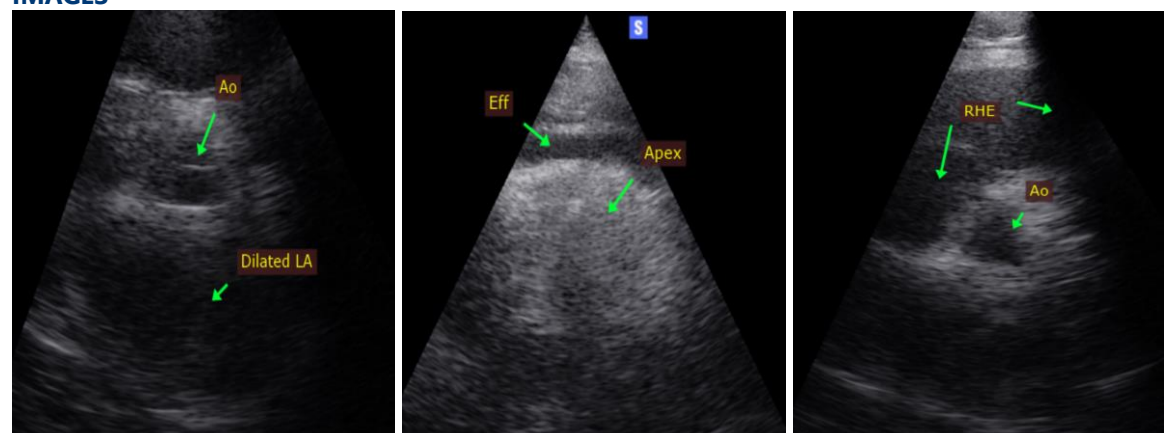
Reassess renal values, BP and clinical status in 1-2 weeks. If improved and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.

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

IMAGES



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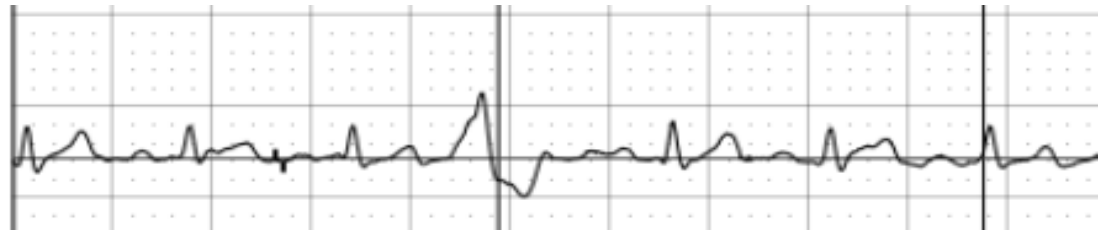
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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