



## PATIENT

Ellis Nuytten

## SPECIES

Canine

## BREED

Border Collie

## SEX

Male Neutered

## AGE

4.3years

## WEIGHT

40.3lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Alastair Westcott,  
DVM

## HOSPITAL NAME

Alastair Westcott,  
DVM

## REFERRING VET

Dr. Westcott

## INVOICE

25600

## DATE

8/24/22

## PRESENTING CLINICAL SIGNS

History: Abnormal ECG with 1st and 2nd degree heart block noted. Poorly responsive to atropine challenge. Cardiologist did not recommend elective surgery. Has been diagnosed with idiopathic seizure disorder.

-Current medications: Pheno barb 120mg twice a day, Potassium bromide 600mg once a day, Zonisamide 170mg BID seizures, Kepra three times per day for 2 days.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild MV thickening with no prolapse into the left atrial lumen. Trace eccentric mitral regurgitation with no left atrial dilation. No LV dilation with mildly depressed myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity. Minimal right heart enlargement. 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.

## 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	2.3	NM	1.3	26	50	0.33
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	1.4	0.6	18.3	2.7	3.8	2.8
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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

The primary abnormality identified is mild systolic dysfunction. This is suspected to be secondary to chronic bradycardia, although follow up is advised. Consider screening for contributing issues, such as an atypical diet or hypothyroidism. Small mitral and tricuspid leaks appear hemodynamically insignificant at this time. No obvious additional issues are identified.

These findings do not explain development of AV block with no obvious contributing issues seen here. Follow up and treatment of the arrhythmia should be dictated by the ECG report.



**PATIENT**

Ellis Nuytten

Monitor for development of a heart murmur, cough, labored breathing, exercise intolerance or collapse episodes.

**SPECIES**

Canine

Elective anesthesia/sedation is not advised prior to further arrhythmias evaluation.

**BREED**

Border Collie

Recheck echocardiogram is recommended in 6 months pending clinical progression, sooner if a significant murmur or clinical signs arise in the interim.

**SEX**

Male Neutered

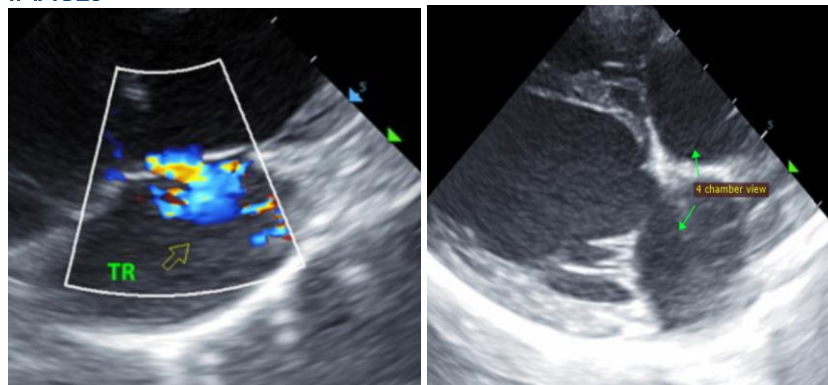
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**IMAGES**



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Maggie Machen Lamy,  
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(Cardiology)

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.

**IMAGING PERFORMED BY**

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