



PATIENT

Shadow Kane

SPECIES

Canine

BREED

Boxer Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

65.2lbs

PRESENTING CLINICAL SIGNS

History: Shadow had an initial syncopal event the end of June. She has labored breathing when running. She has had several collapse episodes with the last one noted a few weeks ago. The episodes involve her falling with her limbs giving out but no LOC. Her activity level remains normal. She is eating well. On exam: arrhythmia, no murmurs noted, PSS, lung fields clear. BP: 140mmHg x 5. *No sedation for study

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 mildly thickened with mild 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: 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 no 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 150bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	2.8
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.1
LVID diastole (cm)	3.7
PW thickness (cm)	1.1
LVID systole (cm)	2.1
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25989

DATE

8/24/22

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

The ECG is normal as well, with no obvious dysrhythmias; however, this does not entirely rule out arrhythmogenic syncope, and 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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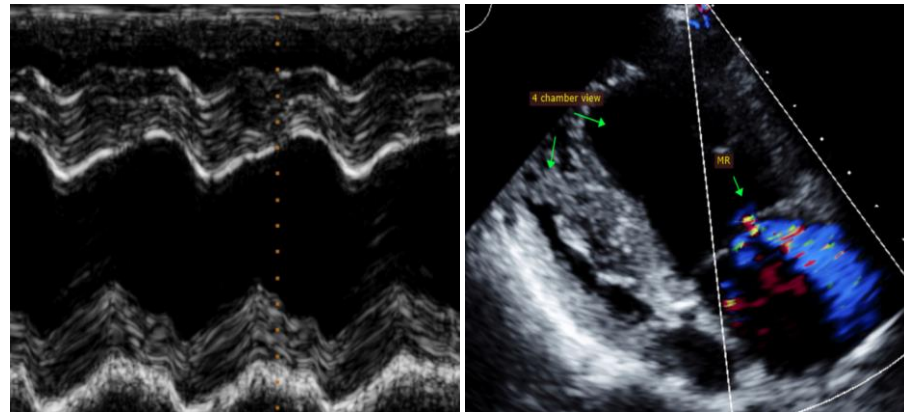
RECOMMENDATIONS

- No cardiac medications or follow up are indicated prior to holter and/or systemic evaluation findings.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any compromise be noted.

IMAGES



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