



PATIENT

Dalilah Follen

SPECIES

Canine

BREED

Puggle

SEX

Female Spayed

AGE

13 years

WEIGHT

22.7lbs

PRESENTING CLINICAL SIGNS

History: Episode in late April either of syncope or collapse. Did take x-rays and notable collapsing trachea, slight murmur. Rule out pulmonary hypertension vs. cardiogenic syncope vs. tracheal collapse syncope. On Cyclosporine 100mg QOD.

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 MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. 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 obvious cardiac shunts. No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	1.7
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	2.4
PW thickness (cm)	0.7
LVID systole (cm)	1.4
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.4
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	
TR Vmax (m/s)	
TR PG (mmHg)	

INTERPRETATION OF THE FINDINGS

No significant structural abnormalities seen on this exam. The cardiac structure and function are normal, with no obvious pathology.

Given these findings, no structural cause for syncope is appreciated in this study. Other possibilities should be considered, such as blood pressure swings, vasovagal events or systemic issues.

RECOMMENDATIONS

- No cardiac medications are indicated.
- Consider further evaluation as discussed.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Richards

INVOICE

32115

DATE

8/3/23



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PLAN

- Recheck echocardiogram is recommended annually due to breed disposition, sooner if clinical signs or murmur arise.

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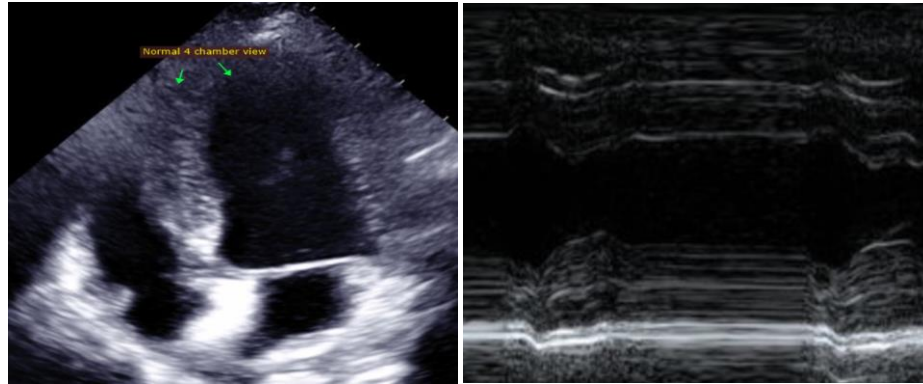
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IMAGES



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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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

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