



PATIENT

Lily Jankowski

SPECIES

Canine

BREED

Boxer

SEX

Female Spayed

AGE

9 years

WEIGHT

66lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

PRESENTING CLINICAL SIGNS

History: Recheck echo. History frequent VPCs treated with Sotalol; normal cardiac structure and function on echocardiogram. Currently, Lily is doing very well with a good appetite and no breathing difficulties. On exam, no murmur was heard; transient arrhythmia noted. BP: 140-150 mmHg. *No sedation for exam. Current medications: Sotalol 40mg BID, Mexiletine 150mg TID.

-Pertinent previous echo findings (6/1/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 3.1 cm; LA:Ao 1.5 cm; LV 3.9 cm.

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 120bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P morphology is positive. The QRS is isoelectric. A single VPC is identified; no couplets, triplets or runs appreciated. No supraventricular premature beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with a single VPC.

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 prolapse into the left atrial lumen. No 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: Right ventricular is normal without significant hypertrophy.

Right atrium: RA is normal.

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.

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	2.6
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.1
LVID diastole (cm)	4.1
PW thickness (cm)	1.1
LVID systole (cm)	2.2
FS (%)	46

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

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INTERPRETATION OF THE FINDINGS

Persistently normal cardiac structure and function is documented in this study. No issues have developed, and the findings are similar to previous. The ECG also shows adequate control with a single VPC noted. A holter monitor should always be considered in these



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cases for periodic at home monitoring; however, in an asymptomatic patient, this is certainly a good sign. No additional issues are identified.

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Given these findings, continued Mexilitene and Sotalol are recommended as prescribed with no obvious indication for additional medications.

BREED

Boxer

Prognosis remains guarded long-term yet highly variable. Sudden death, syncope, etc. will always remain a possibility.

SEX

Female Spayed

RECOMMENDATIONS

- Continue Sotalol 40mg PO q12h.
- Continue Mexilitene 150mg PO q8h.
- Monitor ECG or ideally a holter monitor every 6 months.
- Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily as tolerated).
- Monitor at home for collapse, exercise intolerance, and/or lethargy.
- Anesthesia is not recommended until good arrhythmic control is achieved. Lifelong mild to moderate activity restriction is advised.

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PLAN

- Recheck echocardiogram is recommended in 6-12 months to determine progression/control, sooner if any development of associated clinical signs.

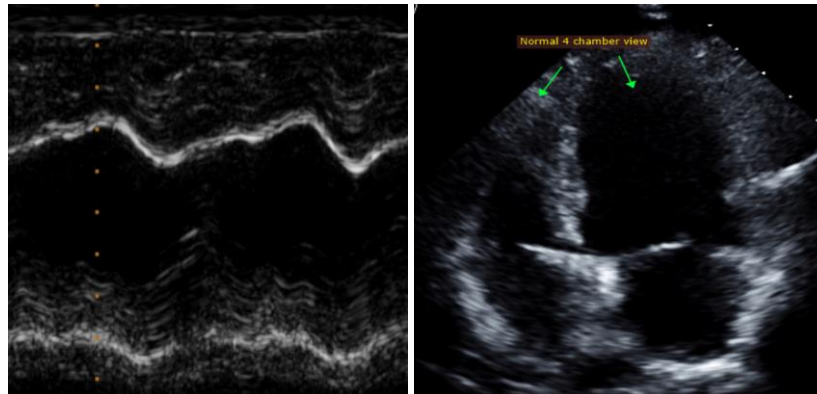
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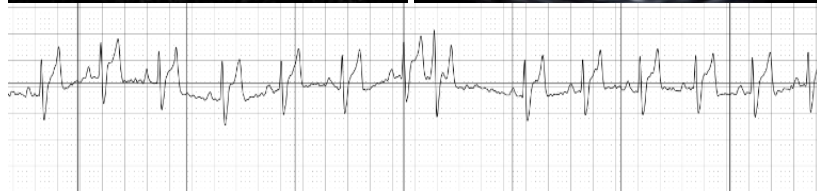
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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findings or if I can be of any further assistance, please contact me.

Lily Jankowski

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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