



**PATIENT**

Duke Harper

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Male Neutered

**AGE**

3.6 years

**WEIGHT**

141lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Two episodes of collapse while running outside. No LOC; recovered quickly. History of suspected Cervical Disc Disease but has not had MRI to diagnose exact cause. No murmurs auscultated. ECHO/ECG to work up collapse. BP: 150mmHg.

**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, 10mm/mV. The average heart rate is 130bpm (range 115-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

**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; no MR.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Mildly elevated 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. Mildly elevated RVOT velocity; laminar flow.

**Pericardium/other:** No obvious cardiac shunts. No pericardial or pleural effusion noted. No obvious cardiac masses.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDMS

**HOSPITAL NAME**

Wood River Animal  
Hospital

**REFERRING VET**

Dr. Schuelke

**INVOICE**

25613

**DATE**

8/5/22

**2-Dimensional Measurements**

Ao diam (cm)	3.1
LA diam (cm)	3.6
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.3
LVID diastole (cm)	4.7
PW thickness (cm)	1.3
LVID systole (cm)	2.8
FS (%)	40

**Doppler Measurements**

PV Vmax (m/s)	1.9
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

No significant structural abnormalities are seen on this exam. The cardiac structure and function are normal, with no obvious pathology. Mildly elevated flow is noted through both great vessels, which is a benign flow abnormality that may cause a soft murmur. Consider baseline lab work to screen for volume changes. The included 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,



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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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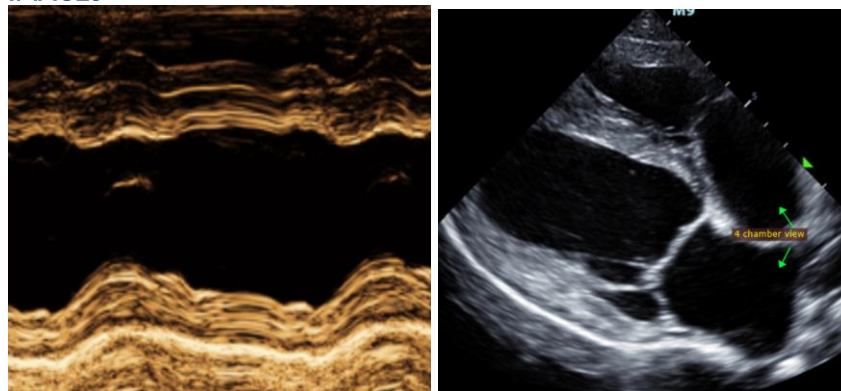
**RECOMMENDATIONS**

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

**PLAN**

- Recheck echocardiogram should a murmur develop in the future, or any signs of cardiac compromise be noted.

**IMAGES**



**HOSPITAL NAME**

Wood River Animal  
 Hospital

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.

**REFERRING VET**

Dr. Schuelke

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.

**INVOICE**

25613

Maggie Machen Lamy, DVM  
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 info@sonopath.com

**DATE**

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