



## PATIENT

Scout Flett

## SPECIES

Canine

## BREED

Aussie Mix

## SEX

Male Intact

## AGE

1 year

## WEIGHT

46.5lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Kelly Reschny, RVT

## HOSPITAL NAME

Nelson Animal  
Hospital

## REFERRING VET

Dr. Frederick

## INVOICE

26314

## DATE

9/12/22

## PRESENTING CLINICAL SIGNS

History: Presented for neuter/dewclaw removal on Sept 8-new irregularly irregular arrhythmia noted. Not seeming to coincide with respiration. Skipping beats (more so at lower rates). No coughing, lethargy, exercise intolerance. Had trazadone, midazolam, torbugesic and alfaxalone for sedation.

-Abnormal PE/Chem/CBC/UA Results: BW-hypoglycemia, otherwise WNL

**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; 50mm/s, 20mm/mV. The average heart rate is 100bpm (range 90-110bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no prolapse into the left atrial lumen. No obvious mitral regurgitation with a normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating 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	NA	NA	1.0	1.3	34	65	NM
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	140	1.5	1.3	21.1	2.1	3.1	2.0
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998  
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435  
Hansson et al, Vet Rad and Ultrasound 2002  
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



**PATIENT**

Scout Flett

**SPECIES**

Canine

**BREED**

Aussie Mix

**SEX**

Male Intact

**AGE**

1 year

**WEIGHT**

46.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Nelson Animal  
Hospital

**REFERRING VET**

Dr. Frederick

**INVOICE**

26314

**DATE**

9/12/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

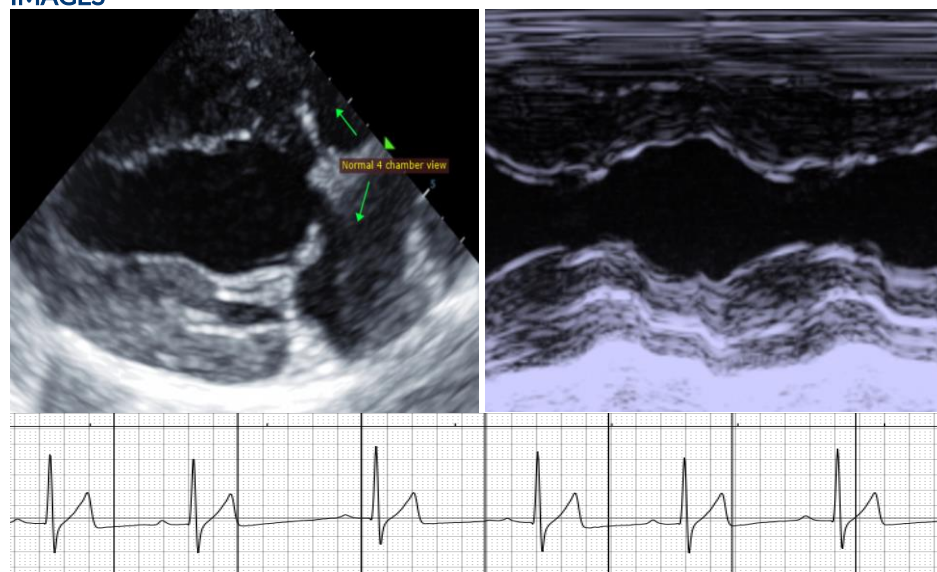
Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension.

The ECG shows a respiratory sinus arrhythmia, likely secondary to sedation. No dysrhythmias are observed; however, if these findings do not reflect what was ausculted on exam (i.e., premature beats), a longer recording or potentially a holter monitor may be necessary.

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

A recheck echocardiogram is recommended should a significant murmur develop, or signs of cardiac compromise be noted in the future.

**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