


**PATIENT**

Chico Price

**PRESENTING CLINICAL SIGNS**

 History: Cough, arrhythmia over past year. Getting worse.  
 -Sedation: Was given Gabapentin for scan. No other current medications.

**SPECIES**

Canine

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.  
 No significant cardiomegaly. No obvious evidence of CHF.

**BREED**

Havanese

**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 130bpm (range 83-150bpm). 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.

**SEX**

Male Intact

ECG diagnosis: Suspect normal sinus rhythm with respiratory variation; sinus node dysfunction cannot be ruled out.

**AGE**

15 years

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears thickened with mild tricuspid regurgitation. Normal velocity. 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 and trace pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

**WEIGHT**

8.2lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**CARDIAC CHART**
**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

 Halton Peel Animal  
 Hospital

**REFERRING VET**

Dr. Walters

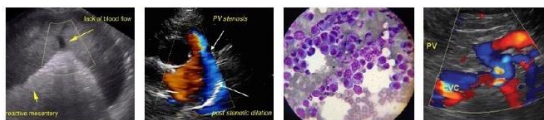
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20867

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9/2/21

| 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  | NM            | 2.7           | NM                  | 1.2                     | 44                              | 78                                       | 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  | NM            | 1.2           | 0.86                | 3.7                     | 1.4                             | 2.3                                      | 1.2                                      |
| *Normal chamber parameters expressed as a mean value (SD)  |               |               |                     | 3                       | 1.27 (5.3)                      | 2.46 (2.46)                              | 1.36 (5.5)                               |
| BODY WEIGHT DEPENDENT PARAMETERS   |               |               |                     | 5                       | 1.40 (4.5)                      | 2.74 (5.2)                               | 1.60 (4.7)                               |
| *Note: All measurements based upon multi-modal images and methods. An average value is reported. |               |               |                     | 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)                               |



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|   |    |            |            |            |
|---|----|------------|------------|------------|
| Adapted from June Boon, Veterinary Echocardiography, 1998           | 30 | 2.33 (3.3) | 4.83 (3.9) | 3.39 (3.4) |
| Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435          | 35 | 2.48 (4.3) | 5.17 (5.0) | 3.69 (4.5) |
| Hansson et al, Vet Rad and Ultrasound 2002                          | 40 | 2.62 (5.2) | 5.48 (6.1) | 3.96 (5.4) |
| Bonagura et al. Echocardiography: principles of interpretation, Vet | 50 | 2.88 (7.1) | 6.07 (8.3) | 4.46 (7.4) |

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc).

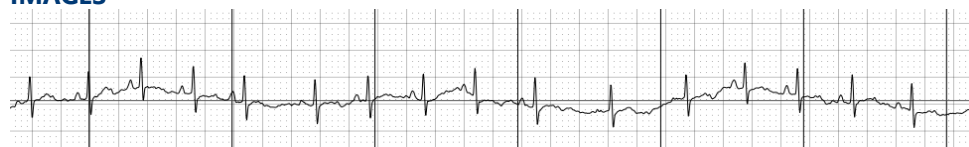
The ECG is most consistent with a **sinus arrhythmia** with suspected respiratory variation. This is typically a normal finding secondary to high vagal tone (causes for high vagal tone can be investigated including GI, **respiratory**, neurologic disease, etc.) or can be inappropriate and reflect sinus node dysfunction. The only way to know the difference is to assess response to exercise (does the heart rate/rhythm have a normal response?) or an atropine challenge (0.04mg/kg IV or IM). If the rate does not stimulate appropriately, consider a holter monitor as the next step in evaluation. The former is suspected in an asymptomatic senior coughing dog.

In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

Anesthetic risk is considered mild if needed (pending a normal atropine challenge). Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

**IMAGES**





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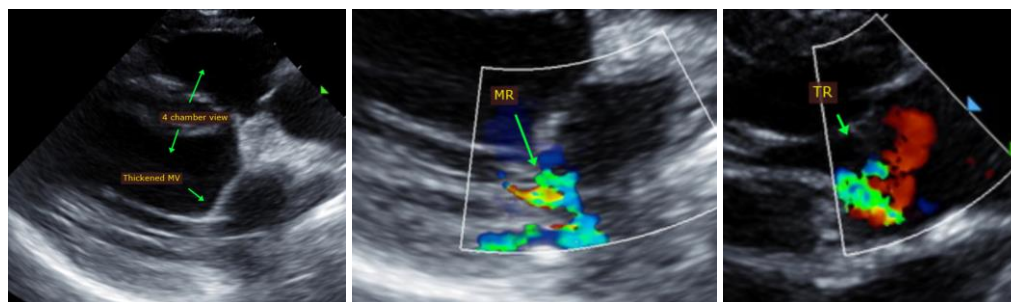
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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