



PATIENT

Seamus Laverty

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Male Neutered

AGE

8 years

WEIGHT

23lbs

PRESENTING CLINICAL SIGNS

History: EKG 1 year ago - sinus arrest, vs. sinus pause. Atropine response test: positive. Owner reports weakness episodes in warm weather, no syncope. No other clinical signs. No murmur. Echocardiogram prior to anesthesia for dental procedure. BP: 156, 159, 163mmHg.

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 mildly thickened with no prolapse into the left atrial lumen. No MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity depending on heart rate; laminar flow. 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 pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Halifax Veterinary
Service

REFERRING VET

Dr. Hopkins

INVOICE

26537

DATE

9/23/22

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	1.9
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.7
LVID diastole (cm)	3.0
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function. The overall dimensions are normal with no evidence of significant structural disease. Follow up is advised should a murmur be ausculted in the future. No additional issues are identified.

No obvious cause for weakness episodes is seen here. Further systemic evaluation is advised. Additionally, given prior ECG findings a repeat Atropine Challenge is recommended prior to induction for anesthesia.

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- No cardiac contraindication for general anesthesia. Premedicate with a vagolytic as discussed and ensure a normal response.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.



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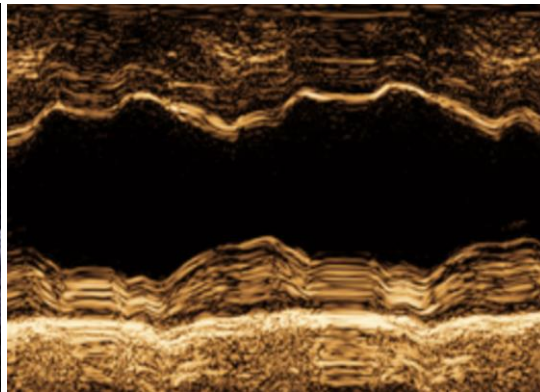
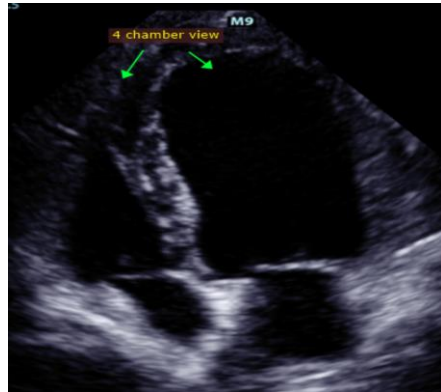
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PLAN

- Recommend conservative monitoring with a recheck echocardiogram should a murmur 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.

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