



**PATIENT**

Rosie Stawwowy

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Spayed female

**AGE**

6 years

**WEIGHT**

102 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Shari, Reffi, CVT

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Hipkin

**INVOICE**

78210

**DATE**

6/2/26

**PRESENTING CLINICAL SIGNS**

History: Ventricular tachycardia, collapse episode, peripheral edema, grade IV/VI heart murmur, quiet. BCS 5/9

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

The left atrium is normal in dimension. The left ventricle is normal in dimension, with normal systolic function. The right atrium and ventricle are normal in dimension, with normal systolic function. The anterior and posterior mitral valve leaflets are appropriately thin with adequate apposition, intact chordae, and there is no significant prolapse. There is no significant mitral regurgitation identified. The tricuspid valve leaflets are appropriately thin with adequate apposition, intact chordae, no significant tricuspid regurgitation and evidence of borderline pulmonary hypertension. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, with appropriate main pulmonary artery diameter and right pulmonary artery distensibility. There is no pulmonic and no aortic valve insufficiency identified. There is no visible pericardial, pleural, or free peritoneal fluid documented. No evidence of hepatic venous congestion is noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

CANINE CARDIAC PARAMETERS	Body Weight kg	HR BPM	LAD 4 ch Long	RAD 4 ch Long	La/Ao Heart Base	LVIDd	LVIDs
NORMAL PARAMETER		50-100			<1.6		
PATIENT	46.36 kg	NM	4.19	3.26	0.82	3.59	2.67
CANINE CARDIAC PARAMETERS	FS	EPSS	PV V MAX (m/s)	AV V Max (m/sec)	MR Vmax	TR Vmax	RPA distensibility (normal >30%)
NORMAL PARAMETER	28-40	<0.6	0.7-1.6	0.7-1.7	4.5-5.5	< 2.7	
PATIENT	26	0.4	0.4	NM	NM	2.9	NM

**ECG**

There is a single-lead ECG available for review. The underlying rhythm appears to be regular with prolonged QRS complexes. This is most consistent with paroxysmal ventricular tachycardia. There are intermittent, shorter episodes consistent with a normal sinus rhythm.

**ULTRASONOGRAPHIC FINDINGS**

These findings are consistent with an essentially normal echocardiogram. Any murmur will be considered functional in origin. No cardiac cause of the morbidity is identified. Ventricular arrhythmias occur in many clinical settings, generally divided into cardiac and non-cardiac causes. Cardiac conditions include structural heart disease, pericardial effusion/cardiac neoplasia, and rarely myocarditis. Non-cardiac causes are common and include splenic disease, metabolic disease, electrolyte disturbances,



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tick-borne disease, fever, anemia, trauma, GDV, hepatic disease, GI disease, pancreatitis, DIC, and sepsis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given these findings, lidocaine (2mg/kg IV with a possibility of a CRI @20-60mcg/kg/min) is recommended. After the splenectomy, weaning of the CRI may be sufficient. If the dysrhythmia persists, anti-arrhythmic therapy with sotalol (1-2mg/kg BID) may be required. There are no cardiac contraindications to fluid therapy or corticosteroid therapy, as indicated for further assessment and treatment.

Anesthesia considerations:

No special considerations are necessary.

Diet:

No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:

No special considerations are necessary.

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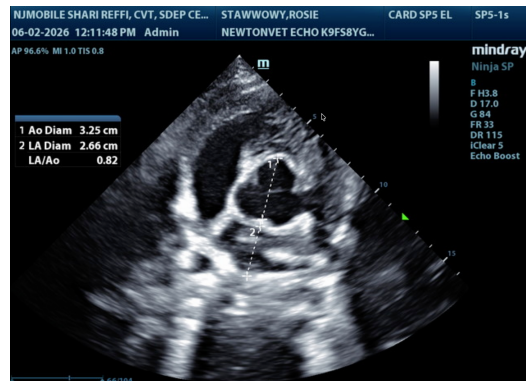
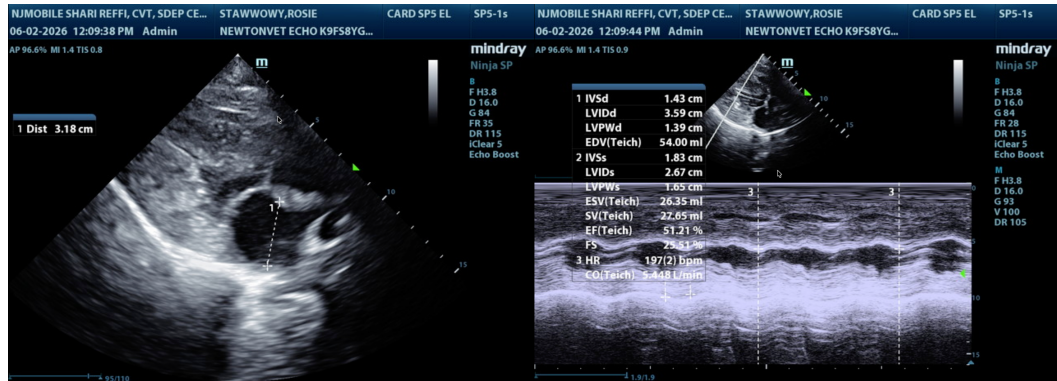
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The information and recommendations provided are based on the images presented by the



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**referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)