



PATIENT

Toby Varner

SPECIES

Canine

BREED

Bichon Mix

SEX

MN

AGE

10y

WEIGHT

18.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Jennifer Todd

PRESENTING CLINICAL SIGNS

History: Toby is a ten year old, MN, Bichon Frise mix with a history of PLE. Current meds include gabapentin, dasuquin advanced and prednisone 5 mg PO Q24 hours. This afternoon, Toby's owner was walking him on a leash and saw him roll on the ground and become flaccid. She picked him up and he was still limp. When Toby's owner put him back down on ground, he was still limp. The episode lasted about 1 minute. He was disoriented for a few minutes afterward. No paddling, salivation, urination or defecation occurred. No known toxicity. Exam was normal, no cardiac arrhythmia or murmur. Femoral pulses strong and synchronous. CBC, Chemistry panel, electrolytes, T4 and cardiac proBNP are submitted to reference lab tonight. ECG is submitted for evaluation.

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. The P and QRS morphologies are positive. Intermittent variability in QRS morphology/width may suggest fusion beats (ie a ventricular beat firing essentially simultaneous to a sinus beat); however, the PR interval is largely consistent and the sinus rhythm is not reset. A rate dependent bundle branch block is also possible. No obvious ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation. QRS variability; rule out fusion beats (VPCs or AIVR) v rate-dependent BBB v artifact.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious arrhythmias are identified on this ECG. The QRS morphology does vary intermittently which may suggest fusion beats (either due to VPCs or an accelerated idioventricular rhythm- AIVR); however, they do not reset the sinus node and may be artifactual. A rate-dependent BBB would be another possibility, which is a benign abnormality. No additional issues are identified.

What is seen here does not explain a recent collapse episode. Consider hospitalization for ECG monitoring to screen for clear evidence of dysrhythmias, or potentially referral for a 6 lead tracing which will increase sensitivity. If present, VPCs would suggest either cardiac or non-cardiac disease is brewing, and further evaluation (echocardiogram, labs, AUS, etc).

If the patient has further unexplained collapse episodes, reassessing the ECG, referring to a facility with a 6 lead tracing, and/or a holter monitor may become indicated.

IMAGES



HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

28072

DATE

1/3/23

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. 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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Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com

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