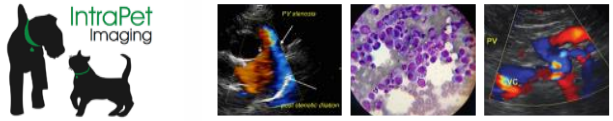
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Mr. Noodles Bentz

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

4/4/2010

WEIGHT

21.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Warm & Fuzzy Veterinary Center

INVOICE

27592

DATE

11/21/21

PRESENTING CLINICAL SIGNS

History: Irregular heart rate/rhythm noted on echo 11/14/22 (showed CVD B1).
-Current Medications: None listed.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available; 25 and 50mm/s, 2mm/mV. The average heart rate is 130bpm (range 100-166bpm) with a regularly irregular rhythm likely consistent with a respiratory sinus arrhythmia. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P, QRS and T morphologies are all positive with normal dimension, likely indicative of a normal MEA (a complete 6 lead ECG would be necessary to definitely determine MEA). No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus arrhythmia with respiratory variation.

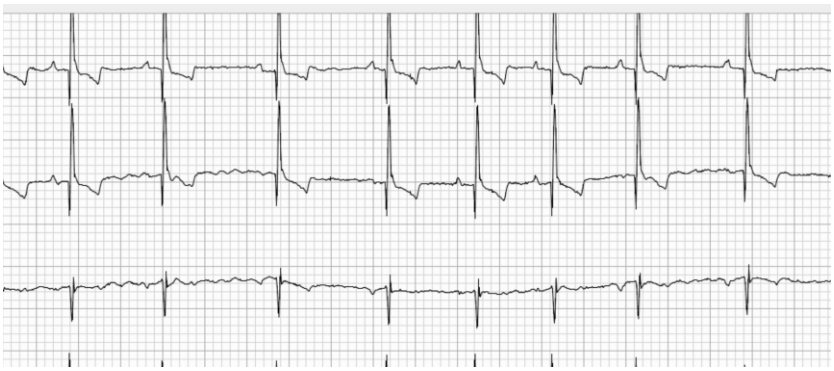
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A normal sinus rhythm is identified, without any obvious dysrhythmias. **No premature beats are appreciated, as were seen during the echo study.**

Given the totality of what we know (mild structural disease, infrequent premature beats of unknown origin), we can assume the abnormality is infrequent at best. A holter could be considered; however, given an asymptomatic patient simple monitoring is also a reasonable approach.

If we assume the premature beats were ventricular in origin, the following anesthesia modifications are suggested: Avoid ketamine, telazol, dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50—75mcg/kg/min).

Recheck echocardiogram and ECG in 6 months, sooner if any clinical signs arise such as syncope.



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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com