



PATIENT

Barney Dickerson

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male Neutered

AGE

12 years

WEIGHT

45lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jessican Bailes, DVM

HOSPITAL NAME

All Creatures Great &
Small Veterinary Clinic

REFERRING VET

Dr. Bailes

INVOICE

46771

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History: Severe bradycardia noted @ annual exam.

Work up done 2-5-26 showed CVD B1; 2nd degree AV block. Atropine challenge recommended. 0.04mg/kg IM administered ECG performed prior to atropine administration and for 25 minutes post administration.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

Single lead ECGs are available; mm marks are difficult to visualize. 25mm/s, 5mm/mV.

15min post atropine: Ventricular rate 60-120bpm. First degree AV block persists. The T wave is inverted. Blocked P waves persist; singles only.

ECG diagnosis: Abnormal atropine challenge with persistent 1st and 2nd degree AV block.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Findings are consistent with an abnormal atropine challenge diagnosing AV nodal disease. The rate and rhythm persist, albeit with less frequent blocked P waves. The PR is still quite prolonged as well, with no change prior to the block (type II).

This patient may benefit from permanent pacemaker implantation. If the owner would consider surgery, referral to a local Cardiologist is recommended as the next step simply for discussion (surgery likely not indicated prior to clinical signs at home). If declined, consider use of heart rate stimulants as below if elected, to assess for any improvement in energy level. That said, response is expected to be minimal given an abnormal atropine challenge. If referral is declined and QOL suffers in the future due to development of lethargy or collapse, euthanasia should be elected at that time.

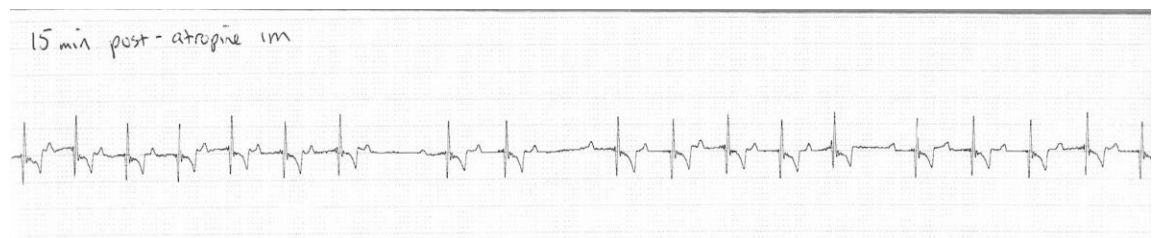
The prognosis with pacemaker implantation is generally good; however, patient will always be at risk for complications and sudden death if not elected.

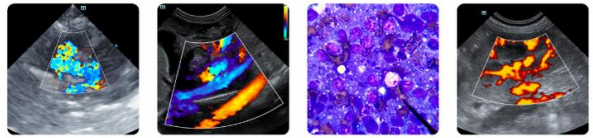
PLAN

Consider referral to a local Cardiologist if desired. If declined, can trial institute theophylline 10mg/kg PO q12h and assess for any improvement in HR/rhythm/activity level. If this is ineffective, can attempt HR stimulation with propantheline bromide. If patient remains stable, reassess an echocardiogram and ECG in 6 months.

If syncope/lethargy develop, referral or euthanasia may become necessary.

IMAGES





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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

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

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