



PATIENT

Cinder Noel

SPECIES

Canine

BREED

Doberman Pinscher

SEX

FS

AGE

6 y

WEIGHT

94.2 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Amy Alivernini, VMD

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Alivernini

INVOICE

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Incidental tachyarrhythmia noted at exam for lameness. Arrhythmia will start and stop abruptly. ECG showed atrial fibrillation vs. SVT with VRR of 287 bpm. Recommended to start diltiazem (0.5-1 mg/kg TID). No history of receiving a grain-free diet.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm with intermittent APCs and paroxysms of supraventricular tachycardia

LA - 50.5 mm
LVIDd - 51.4 mm
LVIDs - 31.9 mm
FS - 37.9%
RA - 32.6 mm
RVOT - 1.49 m/s

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram
Atrial premature complexes (APCs)/Supraventricular tachycardia (SVT)

This examination demonstrates no evidence of structural heart disease. As such, no reason for Cinder's arrhythmia, which appears to be APCs with paroxysms of SVT rather than atrial fibrillation, is appreciated in the image set. It's possible that Cinder's arrhythmia could be due to the presence of cardiac conduction system disease, though consideration should also be given to non-cardiac causes, such as drug/toxin exposure, elevated sympathetic tone, splenic disease, pheochromocytoma, severe electrolyte abnormalities, and infectious/inflammatory disease. Persistent tachycardia can cause the heart muscle to fail, resulting in congestive heart failure and/or symptoms of low cardiac output, such as exercise intolerance and syncope, therefore, controlling Cinder's arrhythmia will be important going forward.

I recommend starting Cinder on diltiazem (45 mg TID) if she is not already receiving it.

A recheck ECG and/or Holter monitor is recommended in two weeks. A recheck echocardiogram is recommended in 6 months to reevaluate Cinder's myocardial function.



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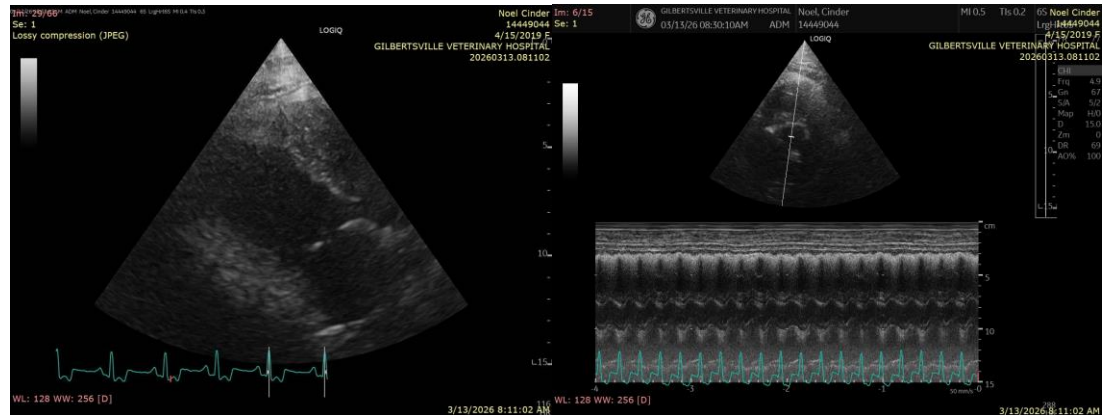
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology) info@SonoPath.com