



**PATIENT**

Echo Zirchsky

**SPECIES**

Canine

**BREED**

Aust. Shep

**SEX**

FS

**AGE**

11 years

**WEIGHT**

24.5kgs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jenna Walsh, SDEP  
Clinical Sonographer

**HOSPITAL NAME**

Wilvet of Salem

**REFERRING VET**

Dr. Eggert

**INVOICE**

29729

**DATE**

3/17/23

**PRESENTING CLINICAL SIGNS**

History: P has arrhythmia, murmur 4/6 and current cyanosis and increased respiratory rate. Patient has worsening of CHF with weaning down of furosemide. Blood Pressure Measurements 158/105 MAP 117 Current Medications O had currently been giving Furosemide 20mg 1/2 tablet q24h. Echo results (EL 3/17/23): PCE, severe MR/TR, depressed function

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

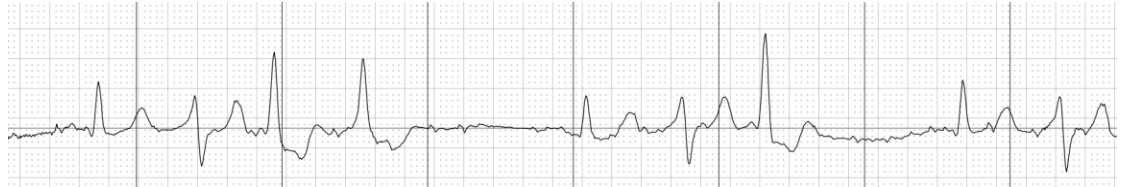
A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 150bpm (range 86-200bpm). Three different QRS morphologies are appreciated (supraventricular, isoelectric and ventricular suspected) with no obvious P waves. The rhythm is highly variable, with periods of brief marked tachycardia contrasting sinus pauses. ECG diagnosis: Non-diagnostic arrhythmia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Unfortunately the tracing is non-diagnostic and a 6 lead tracing is strongly recommended. What can be said is there is great heart rate variability with 3 different ventricular complexes present. No p waves can be identified (rule out atypical/slow atrial fibrillation versus an insensitive tracing) making interpretation limited. There is NO rapid atrial fibrillation present which was expected given the severity of the structural findings. A slow resting heart rate of any origin is unexpected given a patient in crisis, and some underlying electrical conduction disturbance is suspected.

Immediate referral for advanced ECG evaluation is recommended with a 6 lead tracing needed. No treatment is warranted based upon what is seen here (brady and tachycardia both present). Patient is at high risk for acute collapse and sudden death and activity restriction is advised.

**IMAGES**



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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