



PATIENT

Cissi Roid

SPECIES

Canine

BREED

Boxer

SEX

Female

AGE

3 years

WEIGHT

50.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Sutherland VH

REFERRING VET

Dr. Herrera

INVOICE

22909

DATE

3/2/22

PRESENTING CLINICAL SIGNS

History: Traveled to southwest within the last few months, present in northwest for 3 weeks. Patient has been sick for 2 weeks with decreased appetite, peripheral lymphadenopathy, - FNA reactive, no neoplasia, neg nanophytes. Lymphadenopathy dramatically improved after starting Enrofloxacin and Itraconazole 2/1/22 weight loss, melena, peripheral edema- dramatic improvement overnight. cutaneous nodule bridge of nose stiff gait- improved over last 24 hours. Pu/PD febrile; hypertensive BP systolic 184/118 map 133, 188/117/map 128, 189/118/map 124
Abnormal PE/Chem/CBC/UA Results: FOU panel and coccidiomycosis titer negative trending down RBC, initially slight hemoconcentration, now RBC decreased 27%, decreased Hb, left shift, nonregenerative, microscopic hematuria albumin improved currently, 2.4, was 1.6 improved t bili .3, ALP improved 363 from 562, BUN 26 increased from 14, Cr currently .7, elevated UPC- 1.2 Current Medications Prednisone 10mg BID Baytril 272mg SID, Itraconazole 200 mg SID
Echo results (3/2/22 EL): NSF; trace AI/MR
AUS results (3/2/22 EL): NSF

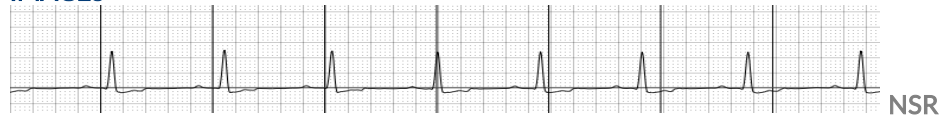
ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.
A single lead ECG is available; 50mm/s, 5mm/mV. The average heart rate is 120bpm (range 110-130bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The submitted ECG is normal, with no evidence of dysrhythmias. If these findings do not reflect what was auscultated on exam (ie premature beats), a longer recording or potentially a holter monitor may be necessary.

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. 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.

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