



## PATIENT

Bear Hall

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Male Neutered

## AGE

13 years

## WEIGHT

51.4lbs

## INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Devon Papa, CVT

## HOSPITAL NAME

Valley Veterinary  
Service

## REFERRING VET

Dr. Riddlebaugh

## INVOICE

47317

## DATE

3/26/26

## PRESENTING CLINICAL SIGNS

History: Heart murmur patient presented for worsening cough. Arrythmia noted with pulse deficits. On Cough Tabs, Trazodone, Pimobendan, Provable, Zenrelia, Carprofen, Ursodiol, Interceptor Plus, Seresto, Librela, Dasuquin.

**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; 25mm/s, 5mm/mV. The average heart rate is 188bpm (range 125-250bpm). No identifiable P waves with an irregularly irregular rhythm, most consistent with atrial fibrillation. Two periods of sinus arrest are noted; however, loss of contact is suspected. No ventricular beats are identified.

ECG diagnosis: Suspect atrial fibrillation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ECG is difficult to evaluate without multiple leads. What is seen here is most consistent with atrial fibrillation; however, a sinus origin cannot be ruled out (i.e. p waves may be present yet just not able to be seen on a single lead). What is unusual is the heart rate is highly variable with brief pauses and rates as low as 125bpm. A sinus rhythm is also possible. Additionally, two periods of sinus arrest/flat line are noted. These are suspected to be due to lack of device contact; however, further workup is advised. **Highly recommend a six-lead tracing in this case to definitely diagnose the rhythm.** Additionally, an echocardiogram should be performed for further evaluation. No treatment is indicated prior to further assessment.

## 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.

**Maggie Machen Lamy, DVM**

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