



**PATIENT**

Snickers McCaffery

**SPECIES**

Canine

**BREED**

Jack Russell

**SEX**

FS

**AGE**

13y

**WEIGHT**

8.8lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dr. Rodriguez

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET**

Dr. Rodriguez

**INVOICE**

29496

**DATE**

3/9/23

**PRESENTING CLINICAL SIGNS**

History: Advanced heart failure (severe left sided atrial enlargement). Currently on 12.5mg lasix bid, cardalis, vetmedin 1.25mg am and 0.62mg pm, clopidogrel 9.37mg sid. Episode of collapse yesterday. Currently too unstable for full echo and chest rads.

Abnormal PE/Chem/CBC/UA Results: Creat: 2.1, bun: 93, HCT: 37, RBC: 5.38reticulocytes 135, NA: 153, k: 4.1, cl: 1.5

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

A video of a three lead ECG is available; unlabeled, 25mm/s is assumed. The average heart rate is approximately 200bpm. 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 other dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Normal sinus rhythm likely secondary to stress and acute crisis. No dysrhythmias observed and no cause for collapse appreciated. CHF alone can cause syncope, and should be considered depending on case presentation.

Supportive care including oxygen support, injectable Lasix and Pimobendan is recommended until stabilized. The importance of CXR cannot be stressed enough, to confirm recurrent CHF is present and dictate therapy. An echocardiogram should only be performed if the patient is refractory to standard CHF therapy in the acute phase. Assuming Lasix is effective and CXR suggest CHF, an echocardiogram can be performed when stable.

**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.

**Maggie Machen Lamy, DVM**  
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