

**PATIENT**

Reggie Reed

SPECIES

Canine

BREED

Pug

SEX

Male Neutered

AGE

13 years

WEIGHT

27.3lbs

INTERPRETED BYMaggie Machen Lamy,
DVM, DACVIM
(Cardiology)**IMAGING PERFORMED BY****HOSPITAL NAME**

SVS Imaging

REFERRING VET

Dr. Thompson

INVOICE

23901

DATE

4/26/22

PRESENTING CLINICAL SIGNS

History: Presented for weakness episodes and coughing, improved on furosemide then returned when tapered off. BAR BCS 7/9 Cardio-slight bradycardia with mild respiratory sinus arrhythmia, but no pulse deficits. No heart murmur noted.

Echo results (MML 4/19/22): NSF; bradycardia

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

Morphology/MEA cannot be definitively commented on.

Pre and Post atropine ECGs are submitted.

PRE-atropine: A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 120bpm (range 45-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. Sinus pauses throughout; no obvious AV block. No ectopic beats or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with profound respiratory variation.

Post-atropine: A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 188bpm with a regular rhythm. 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: Sinus tachycardia. Normal atropine response.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Atropine challenge reveals a normal response, indicating high vagal tone as the cause of the initial findings. This is benign and does not warrant therapy. Causes of high vagal tone can be considered (GI/neurologic/respiratory disease v normal finding) as clinically indicated.

No cardiac contraindication for general anesthesia. Due to high vagal tone, recommend pre-medication with a vagolytic. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.

Recommend a recheck echocardiogram as dictated by the prior report.

IMAGES

Pre-atropine



Post-atropine

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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