

PATIENT

June Bug Bernsohn

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

FS

AGE

7 years

WEIGHT

40 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

MVS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

23937

DATE

4/28/22

PRESENTING CLINICAL SIGNS

History: Bradycardia noted over the past few months. Echo/ECG evaluation performed 4/2022 showed RSA v SSS with a normal echo. Atropine challenge recommended. Performed and post-administration ECG submitted.

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, 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. A single VPC is identified. No supraventricular ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Sinus tachycardia; normal atropine challenge response.

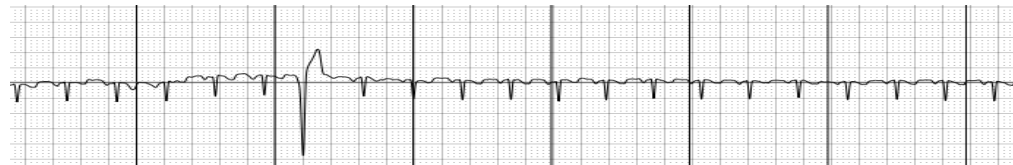
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. A single VPC is of little concern, and is likely due to atropine administration.

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



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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