



**PATIENT**

Reilly Clemens

**SPECIES**

Canine

**BREED**

Soft Coated Wheaten Terrier

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

54lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jennifer Todd, DVM

**HOSPITAL NAME**

Lambs Gap Animal Hospital

**REFERRING VET**

Dr. Todd

**INVOICE**

21019

**DATE**

9/14/21

**PRESENTING CLINICAL SIGNS**

History: Recheck ECG. Patient was diagnosed with severe CVD on the prior study and 3 medications were initiated (Pimobendan, Spironolactone, ACEI). Doing well at home. Pertinent previous echo findings (8/21 MML): NSR with isolated VPCs.

**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 100bpm (range 60-125bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ventricular or supraventricular premature beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fortunately the ECG shows a normal sinus rhythm with NO persistent VPCs identified. While this is a brief tracing which does not entirely rule out persistent ectopy, this is certainly a good sign. This has likely improved due to cardiac supportive medications, which should be continued going forward. A holter would be the gold standard to determine the true extent of the arrhythmia.

Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

**PLAN**

Continue 3 medications as previously recommended. Consider a holter as discussed. If patient continues to do well, a recheck echocardiogram and ECG are recommended in 4-6 months to screen for progression, sooner if clinical signs arise.

**IMAGES**



Prior ECG



Recheck ECG

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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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