



**PATIENT**

Milo Wawryka

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Intact Male

**AGE**

15 Years

**WEIGHT**

3.7 kg

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Novel Vet Clinic

**REFERRING VET**

Dr. Gibbs

**INVOICE**

12492

**DATE**

11/25/25

**PRESENTING CLINICAL SIGNS**

Gallop rhythm noted on physical exam -Marked gingivitis & tartar -Bilateral eye discharge

Current Medications Gabapentin

**ECG**

A six-lead ECG is available for review. The average heart rate is approximately \_\_bpm, with a normal mean electrical axis. The QRS complexes are sinus in origin (<70ms), with appropriate P-Q intervals (80ms). There are irregular R-R intervals, consistent with respiratory variation. There is no evidence of atrial or ventricular ectopy, nor any atrioventricular block. The underlying rhythm is most consistent with a respiratory sinus arrhythmia (normal physiologic change).

**ULTRASONOGRAPHIC FINDINGS**

- Respiratory sinus arrhythmias are a normal physiologic change that is common in dogs with higher vagal tone. It is common for this irregularity to be abolished in instances of higher heart rate or increased sympathetic drive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An echocardiogram would be recommended to exclude potential structural disease. Otherwise, there are no cardiac contraindications to anesthesia if necessary. Given the already low normal heart rate, atropine should be available in case a more profound bradyarrhythmia occurs during anesthesia. Additionally, atropine or glycopyrrolate could be considered as part of the premedication protocol to reduce risk of significant bradycardia intra-operatively.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)



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