



PATIENT

Duchess Mahala

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

8 years

WEIGHT

76 lbs

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Shohola VH

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. DeMeo

INVOICE

75585

DATE

5/15/26

PRESENTING CLINICAL SIGNS

History: Grade II/VI murmur.

-HR: 60-80 excited panting

-Arrhythmia

-Heart rate appears slow for the demeanor and has a history of the HR of 110-120 during exam

-Slow and then after 30-40 seconds I hear a pickup of the beats

ECG:

A six-lead ECG is available for review. The average heart rate is approximately 100bpm, with a normal mean electrical axis. The QRS complexes are sinus in origin (<70ms), with appropriate P-Q intervals (100ms). There are irregular R-R intervals, likely consistent with respiratory variation. The P wave amplitude varies with the R-R interval. There is no evidence of atrial or ventricular ectopy, nor any atrioventricular block. The underlying rhythm is most consistent with a respiratory sinus arrhythmia with a wandering pacemaker (normal physiologic change).

INTERPRETATION

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.

RECOMMENDATIONS

An echocardiogram could be considered to exclude any potential structural disease. Otherwise, there are no cardiac contraindications to anesthesia if necessary. Given the already relatively 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.

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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