



PATIENT

Radar Carrington

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

11 Years

WEIGHT

84

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Tyler Epes

HOSPITAL NAME

Animal Clinic of Oxford

REFERRING VET

Dr. Tyler Epes

INVOICE

15902

DATE

05/07/26

PRESENTING CLINICAL SIGNS

Patient has had a heart murmur since birth - owner unsure of which side. Notable arrhythmia heard more prominently on right side of heart. Murmur not appreciated. Large liver tumor not previously diagnosed until US today. Previous bloodwork has been WNL according to o - do not have previous records.

Abnormal PE/Chem/CBC/UA Results

ECG shows occasional tall P and T waves as well as occasional large R waves. Will attach images of strips through email.

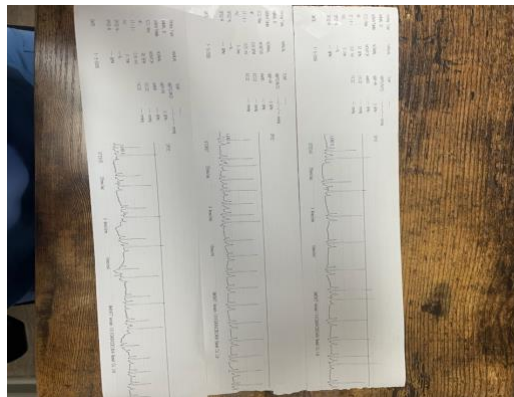
ELECTROCARDIOGRAPHIC EXAMINATION

There is a single-lead rhythm strip is available for review. The rhythm appears to be sinus in origin with narrow QRS complexes. There are intermittent premature supraventricular complexes identified. There is no atrial or ventricular ectopy and no atrioventricular block identified. This is most consistent with an underlying sinus rhythm with intermittent supraventricular premature complexes.

A supraventricular arrhythmia is noted. Supraventricular arrhythmias are most commonly associated with cardiac conditions that cause atrial enlargement; however, they can also be identified in patients with metabolic disease, wide variations in autonomic tone, congenital conduction system abnormalities, and possibly intra-abdominal disease. The supraventricular arrhythmia suggests the presence of underlying structural heart disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Additional diagnostics, including thoracic radiographs and an echocardiogram, are recommended. Consider also systemic diagnostics such as complete blood work, UA, and abdominal ultrasound if clinically indicated. Stress and anxiety could also cause very fast heart rates, if considered, can repeat the exam with the patient calmed or mildly sedated. Treatment for SVT might be recommended. Normally a combination with a calcium channel blocker anti-arrhythmic medication in combination with addressing the underlying disease process. Further directions should be based on the results of further diagnostics.



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.



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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