

PATIENT

Molly Sanderson

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

8 Years

WEIGHT

20.8 pounds

INTERPRETED BY

Sara Brethel DVM,
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cordon Road
 Veterinary Clinic

REFERRING VET

Dr. Rowland

INVOICE

13685

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- BP:
- 218/139 (169)
- 217/142 (166)
- 209/133 (145)
- 247/112 (158)
- 152/125 (129)
- 99/57 (68)
- 233/89 (130)
- average- 212/120 (146)
- Average taken without highest and lowest recorded BP.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

ECG

Several still images of an electrocardiogram lead to are provided. The rhythm is primarily sinus with frequent ventricular premature complexes that are monomorphic, occasionally occurring in a trigeminal and bigeminal pattern and occasional couplets.

ULTRASONOGRAPHIC FINDINGS

- Sinus rhythm with VPCs.
- Bigeminal pattern in couplets.
- The reported blood pressures are significantly elevated in range.

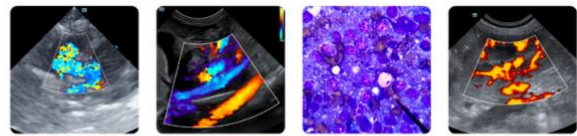
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is having ventricular premature complexes or VPCs. Sometimes these can be seen with primary heart disease in dogs and cats. Other diseases that can cause these abnormal heart beats include diseases of the liver or spleen, infectious tick-borne diseases, endocrine disorders, or sometimes they can be brought about by anxiety.

I do not believe that the patient's underlying degenerative valve disease is causing the VPCs. I would strongly recommend considering full blood work along with assessing the thyroid hormone and for any underlying infectious diseases and also considering an abdominal ultrasound given the presence of the frequency of the VPCs.

Pending those diagnostics, if a cause is not identified for the VPCs, then I would recommend starting therapy with Sotalol at a dose of 1.5 to 2 mg/kg twice daily and then rechecking an electrocardiogram in four to six weeks afterwards. Typically, gold standard would be to perform a Holter monitor first and then a Holter monitor after starting therapy as well.

If that cannot be performed, then repeating the ECG would suffice. The cause of the elevated blood pressure is not identified. I recommend ensuring the patient is in lateral recumbency using the non-dependent limb. If taking on a forelimb or in sternal recumbency, if assessing on the tail, ensuring the cuff size is appropriate and following ACVIM guidelines for systemic hypertension.



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A recheck echo can still be performed in 10 to 12 months or sooner if the murmur is changing in intensity or the patient is developing other cardiovascular clinical signs.



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.

Sara Brethel DVM, DACVIM (Cardiology)

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