

**PATIENT**

Skye Sam Simon Foundation

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

29.9 pounds

**INTERPRETED BY**

Sara Brethel DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Four Corners Veterinary Clinic- Eugene

**REFERRING VET**

Dr. Sinkowski

**INVOICE**

14802

**DATE**

04/02/26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: On two separate physical exams by two veterinarians this pet has had a very low resting heart rate 60-75 bpm. Tight quads and painful iliopsoas. remaining exam nsf

HR/RR/BP: HR 75, RR 30

Current Medications: methocarbamol for muscle tension, occasional gabapentin

Notes to Specialist (if any): is this chronic low HR of concern, pet is in training to become a service dog

**ULTRASONOGRAPHIC EXAMINATION OF THE HEART**

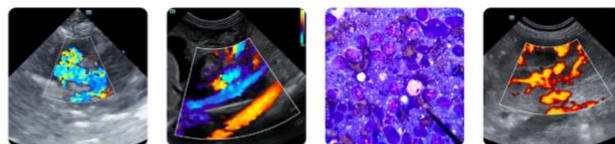
CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	--	1.42	1.28	23.07	--	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	NM	1.3	0.95	13.59	2.9	2.86	2.2

**Cardiac Presentation**

The mitral valve leaflets are normal and there is no mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. Left ventricular systolic and diastolic function is within normal limits. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

**ECG**

Sinus rhythm with baseline artifact.



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**ULTRASONOGRAPHIC FINDINGS**

- Structurally normal heart.

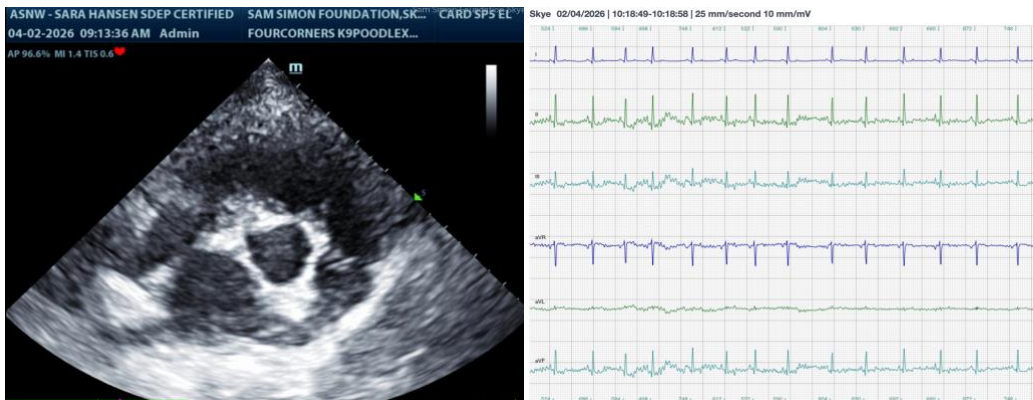
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause for the sinus bradycardia is not identified based upon the echocardiographic images provided. I would consider performing an atropine response test just to ensure that it is indeed a sinus bradycardia that is vaguely mediated.

**Atropine Response Test Protocol:**

- 0.04mg/kg atropine SQ, IM, or IV
  - SQ: wait 20-30 minutes for a response
  - Im: wait 15-20 minutes for a response
  - IV: keep the patient attached to ECG and response is seen within 5 minutes. There will be a reflex bradycardia after given IV
- Positive response: HR > 160-180

If it is vaguely mediated, ensuring full blood work is normal and ensuring no GI signs, respiratory signs, ocular disease, neurologic disease (evaluating other body systems that can affect vagal tone). If there is not a positive response to atropine, there is an increased concern for an underlying conduction disorder. Can also consider performing a Holter monitor to have a 24-hour assessment of the patient's rate and rhythm. Based upon the information provided, though there is no clinically significant disease evident at this time.

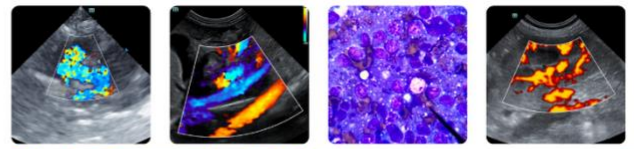


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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



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