



**PRESENTING CLINICAL SIGNS**

**DATE**

1/16/23

History: Presented for seizure activity, though likely syncopal episodes. Had 5 episodes overnight that last no longer than 10 seconds. Back end very weak after but does not seem to be out of it mentally. PE - Intermittent arrhythmia, generalized cachexia. Thoracic radiographs unremarkable. ECG yesterday revealed high-grade (5:1) second-degree AV block. Echocardiogram WNL.

**ECHOCARDIOGRAPHIC FINDINGS**

**PERFORMED BY:**

Kaitlyn Varga

A single lead ECG pre- and post-atropine is submitted for review.

HR: Pre - 33-125 bpm; Post - 85 bpm

Rhythm: Pre - sinus rhythm with periods of 2:1 second-degree AV block; Post - sinus rhythm with persistent 2:1 second-degree AV block

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

**ASSESSMENT/RECOMMENDATIONS**

Silver's pre-atropine ECG shows significant improvement compared to yesterday's recording, as she has only periods of mild 2:1 second-degree AV block, though during the block her ventricular rate dose decrease to as low as 33 bpm. Given the improvement, it's possible that Silver could have had a transient cause of severely elevated vagal tone that is improving on its own.

**PATIENT**

Silver Maerz

Silver's post-atropine ECG shows that she still has 2:1 second-degree AV block, however, her ventricular rate is regular and is discharging at ~85 bpm. This rate is high enough to support a normal cardiac output, therefore, Silver's syncopal episodes should resolve if her AV block does not worsen again.

**SPECIES**

Canine

Given that Silver's AV block appears to have improved significantly on its own, it's unclear whether theophylline (~250 mg BID) is necessary at this time. If Silver continues to experience pauses that result in bradycardia and/or syncope, theophylline therapy would certainly be indicated.

**BREED**

Pit Bull Terrier

A recheck ECG is recommended in one month.

**SEX**

FS

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

**AGE**

13 y

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.

**WEIGHT**

57 lb

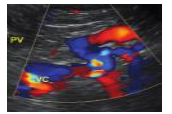
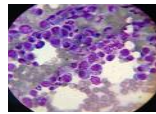
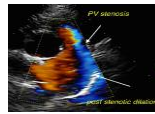
Keith Blass, DVM, MS, DACVIM (Cardiology)  
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**HOSPITAL NAME**

Shuswap VC

**REFERRING VET**

Dr. Cocker



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1/16/23

**PERFORMED BY:**

Kaitlyn Varga

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**PATIENT**

Silver Maerz

**SPECIES**

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**BREED**

Pit Bull Terrier

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