

PATIENT

Bolt Bolt

SPECIES

Canine

BREED

Terrier Mix

SEX

MN

AGE

10y

WEIGHT

30 lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

HOSPITAL NAME

The Pet Clinic

REFERRING VET

Dr. NP

INVOICE

27188

DATE

10/28/22

PRESENTING CLINICAL SIGNS

History: Enlarged heart.
Echo results (EL 10/28/22): mod/severe LAE (2.3), early PAH; stage late B2 with periodic arrhythmia.
Rec pimobendane, ACEI, Spironolactone

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.
A single lead ECG is available; 50mm/s, 20mm/mV. The average heart rate is 120bpm (range 100-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. Rare isolated APCs seen throughout; singles only. No ventricular ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with respiratory variation. Isolated APCs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the ausculted arrhythmia is occasional atrial premature contractions (APCs). APCs are generated from abnormal conductive or fibrotic tissue in the atria of the heart muscle, and even frequent single APCs will often cause no clinical signs in dogs. When sustained however, supraventricular tachycardia can lead to symptoms such as lethargy and collapse.

APCs are a very non-specific finding. They can be primary in origin, develop secondary to significant cardiac disease, or be extra-cardiac in origin; ie due to pain, stress, inflammation, cancer, GI disease, DIC/sepsis, etc. In this 10yo dog with reportedly significant CVD, this is likely the cause; however, consider ruling out alternative causes such as systemic illness. Unfortunately there is always an elevated risk for collapse and sudden death in any arrhythmic patient, and even on medications this risk unfortunately still persists (albeit relatively low with APCs compared to VPCs).

Based upon what is seen here no treatment is warranted. Consider reassessment via ECG or holter should any associated symptoms develop in the future (lethargy/collapse).

Anesthetic risk is considered moderately elevated prior to further investigation of the rhythm. Avoid ketamine, telazol, dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of sustained ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min).

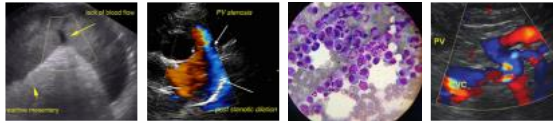
Fish oil supplementation is recommended for dogs with arrhythmias (500-1000mg of omega 3 and 6 once to twice daily). Monitor at home for collapse, exercise intolerance, and/or lethargy.

Plan: Consider systemic evaluation as discussed. Consider holter monitor should symptoms develop.

A recheck ECG and echocardiogram are recommended in 6 months.

IMAGES





PATIENT

Bolt Bolt

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.

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Canine

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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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