



PRESENTING CLINICAL SIGNS

DATE History: Coughing began in September. Treated for possible kennel cough/asthma. Seemed better but started coughing again. HR 66 bpm. Receiving hydrocodone.

11/15/21

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

PERFORMED BY:

HR: 50-240 bpm
Rhythm: Sinus with second-degree AV block

Jenna Walsh, CVT

INTERPRETED BY

The underlying rhythm is sinus in origin and alternates between a sinus arrhythmia and sinus tachycardia. All complex amplitudes and intervals are within normal limits. There are intermittent P waves that are not followed by QRS complexes, consistent with second-degree AV block. No premature beats are seen.

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

ASSESSMENT/RECOMMENDATIONS

Second-degree AV block

PATIENT

Lucy's ECG demonstrates the presence of intermittent AV block, which could either be mediated by her vagus nerve or be unrelated to her vagal tone (ex. idiopathic fibrosis of the AV node. As Lucy's AV block appears to be fairly mild, her current risk for the development of exercise intolerance and/or syncope secondary to it appears to be relatively low, though careful monitoring for the development of these signs is recommended.

Lucy Randall

SPECIES

An atropine response test (0.04 mg/kg IV followed by ECG 15-20 minutes later) is recommended to determine whether Lucy's AV block is vagally-mediated.

Canine

BREED

Given that Lucy's heart rate is not too low and she is asymptomatic, therapy is unlikely to be necessary at this time. If her heart rate drops low enough to warrant therapy, the ideal treatment would be based on whether her AV block is vagally-mediated.

Pug

If Lucy's AV block is vagally-mediated, a recheck ECG is likely only necessary if clinical signs compatible with an arrhythmia develop. If it is not vagally-mediated, a recheck ECG is recommended in 2-3 months.

SEX

FS

AGE

13 y

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.

WEIGHT

20 lb

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.

HOSPITAL NAME

Keith Blass, DVM, MS, DACVIM (Cardiology)

Pawsitive Wellness
Veterinary Care

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631-804-5754

REFERRING VET

Dr. Popuette



DATE

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PERFORMED BY:

Jenna Walsh, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Lucy Randall

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