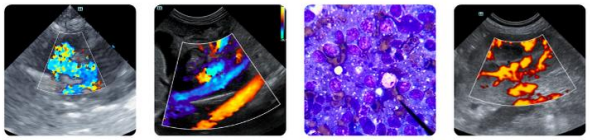

PATIENT

Abby Monser

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

9 years

WEIGHT

92lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands Animal Hospital

REFERRING VET

Dr. Kitz

INVOICE

46992

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- History: Patient has been having an intermittent deep cough with wheeze, especially when excited but also when she has been sleeping. Owners have also noted lethargy

Abnormal PE/Chem/CBC/UA Results: HR -220 with asynchronous pulses BAR with MM light pink CRT 2.5 sec RR-panting Heart rhythm is irregularly irregular Doppler BP - 108 systolic Radiographs taken - sent for urgent radiologist review -show concern for pulmonary venous congestion ventricular enlargement, left atrial enlargement

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The average heart rate is 180bpm (range 120-250bpm). No identifiable P waves with an irregularly irregular rhythm consistent with atrial fibrillation. The QRS morphology is positive with normal dimension. MEA is normal.
ECG diagnosis: Rapid atrial fibrillation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis is rapid atrial fibrillation (AF). AF is characterized by disorganized contractions of the atria leading to an irregular heart rhythm. The irregular heart rhythm rarely causes clinical signs in dogs; however, atrial fibrillation also usually causes an increase in the heart rate as is seen here, and this leads to clinical signs and CHF. Rapid AF in dogs almost always develops secondary to structural cardiac disease, and **a full cardiac work up is highly recommended including echocardiogram to characterize underlying disease particularly in light of CXR results.** Development of AF often accompanies both right and left-sided CHF, and if there is concern in this patient lifelong diuretics and management of the structural disease is certainly necessary in addition to the arrhythmia. Further evaluation is advised.

Immediate institution of diltiazem is recommended as below. Patient is at high risk for acute decompensation, development of CHF, malignant arrhythmias such as VT and/or sudden death going forward. Prognosis is poor long term.

Plan: An echocardiogram should be performed ASAP. Consider hospitalization for IV diuretic/rate control therapy if needed. Full cardiac support is likely indicated, as dictated by the CXR results. Institute Diltiazem 1-2mg/kg PO q8 hours.

Recheck heart rate in 5-7 days with target being 140-160bpm in hospital (stressed). If persistently >180bpm, institute Digoxin 0.005mg/kg PO q12h.

Screening renal panel and digoxin level in 5-7 days (6-8 hours post-am dose) to ensure tolerance of medications.

Monitor HR/ECG every 3-4 months lifelong.

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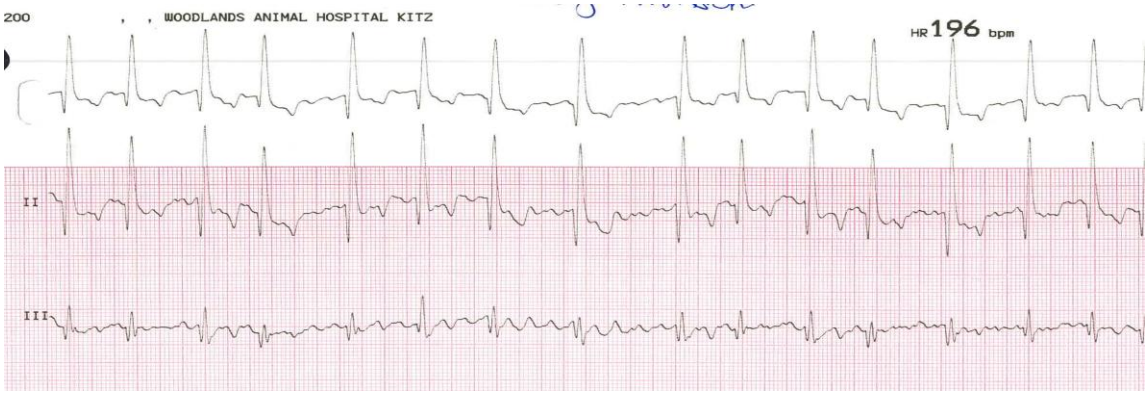
IMAGES



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.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
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