



PRESENTING CLINICAL SIGNS

History: Previous ECG showed SVT and VPCs – responded well to lidocaine CRI. Echocardiogram one month ago consistent with DCM. Currently on sotalol 80 mg BID, pimobendan 10 mg BID, capromelin 141 mg SID.

DATE

3/10/23

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

PERFORMED BY:

HR: 111 bpm
Rhythm: Sinus with VPCs

Tom McNeill

INTERPRETED BY

The underlying rhythm is sinus in origin. All sinus complex amplitudes and intervals are within normal limits. There are intermittent single monomorphic VPCs present. No atrial ectopy or conduction blocks are seen.

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

ASSESSMENT/RECOMMENDATIONS

Raider's ECG shows that his arrhythmia appears to be fairly well-controlled, as only intermittent single VPCs are seen. Given this, no change in therapy is recommended at this time, and continued avoidance of strenuous exercise is warranted.

PATIENT

Raider Susnik

A recheck ECG is recommended in 3-4 months, sooner if new clinical signs compatible with an arrhythmia (ex. syncope/collapse, weakness) develop.

SPECIES

Canine

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.

BREED

Cane Corso

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.

SEX

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MN

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AGE

10 y

WEIGHT

47 kg

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Bianco