



PATIENT

Zoe Eschliman

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

13 years

WEIGHT

64

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Brita Kiffney, DVM

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Kiffney

INVOICE

23264

DATE

3/24/22

PRESENTING CLINICAL SIGNS

History: Recurrent UTI's, exam recently for inflamed cyst (on skin) and new heart murmur (grade 4/6 systolic PMI left cardiac apex) was identified. Elevated cardiac proBNP levels in past, and now she has a heart murmur and an arrhythmia, as well as radiographic evidence of left atrial enlargement. Blood pressure 100 mmHg Abnormal PE/Chem/CBC/UA Results: proBNP 1082 Pertinent echo results (EL 3/2022): CVD B1, FS 25%, LA:Ao 1.6

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 50mm/s; 10mm/mV. The underlying rhythm appears sinus, with a HR of 80bpm. Briefly drops as low as 38bpm with a sinus pause. Frequent supraventricular tachycardia; HR 210bpm. Often terminates with brief AV block. The P wave morphology is positive with a normal dimension. PR interval is prolonged (1st degree AV block). The QRS morphology is positive with normal dimension. MEA is normal.

ECG diagnosis: Sinus bradycardia with frequent SVT; rule out sick sinus syndrome versus paroxysmal SVT.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ECG shows two main abnormalities. First is paroxysmal rapid SVT with an acute HR of 210bpm. The rhythm is briefly sustained, and often terminates with a blocked sinus P wave. Additionally, the resting heart rate is low, and briefly drops to 38bpm without an appropriate escape focus. The PR interval is prolonged (1st degree AV block); however, the remainder of the morphology is normal.

These findings may simply reflect paroxysmal SVT, which this breed is predisposed to. An alternative explanation would be early sick sinus syndrome, with inappropriate bradycardia also present. The latter is suspected although more information is needed. Prior to deciding if medications are warranted, further evaluation is advised. Ideally referral to a local Cardiologist should be considered as this patient ideally needs a holter monitor and potentially anti-arrhythmic therapy. The reported echocardiogram results reflect mild valve disease, although a FS of 25% is notable in light of the arrhythmia. Follow up is advised. If referral is declined, a holter can be considered through SonoPath as an option. I would not medicate at this time if a holter is not performed, as the bradycardia may be more significant than what is seen here making treatment of the SVT difficult. If further evaluation options are declined, close monitoring for associated clinical signs is advised (acute lethargy or collapse) with immediate reevaluation in this instance. Discussion with the owner is advised.

While less malignant than VT, SVT still puts this patient at risk for acute collapse and/or sudden death going forward. It may also be contributing to lethargy at home.

Anesthesia is contraindicated at this time.

Plan: Consider referral for an extended ECG +/- holter monitor evaluation. If declined, consider a holter SonoPath as able. If declined, reassess ECG in 2-3 months, sooner if any collapse or acute lethargy are noted in the future.

IMAGES





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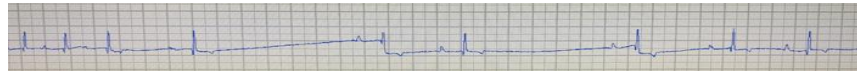
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. 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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