



**PATIENT**

Angel Hemphill

**SPECIES**

Canine

**BREED**

Cairn Terrier

**SEX**

FS

**AGE**

13 years

**WEIGHT**

13.25

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dr. Anne Masloski

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

22923

**DATE**

3/9/22

**PRESENTING CLINICAL SIGNS**

History: Recheck ECG. Doing well, improved clinical signs/appetite. HR on PE: 108bpm.  
Current medications: Sildenafil, Pimobendan, Omega 3FA, Enalapril/Plavix for PLN  
Pertinent previous echo findings (2/23/22): CVD B1, PAH severe, RHE  
Pertinent previous ECG findings (2/23/22): intermittent SVT, slow RSA

**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; 25mm/s, 20mm/mV. Underlying sinus rhythm is suspected; however, difficult to identify p waves consistently throughout. Frequent rapid supraventricular arrhythmias are seen with brief salvos of sustained tachycardia (250bpm). Occasional brief pauses followed by a confirmed sinus beat.

ECG diagnosis: Paroxysmal supraventricular arrhythmias; progressive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Interesting case. Compared to the prior ECG, there are rapid supraventricular arrhythmias present with increased frequency. The baseline artifact impedes P wave identification consistently; however, sinus node function does appear to be present (ie AF is unlikely the diagnosis). The previously noted sinus bradycardia is not seen with very brief sinus pauses.

Given these findings, recommend low dose diltiazem based upon these findings. There is some risk in this as was mentioned in the prior report; however, rates as high as 250bpm can lead to clinical decompensation.

Plan: Institute low dose diltiazem 7.5mg (available in 30mg tabs) q8h and assess response. If any lethargy, malaise or collapse on the medication, immediate reassessment is advised. If patient does well, recheck ECG in 1-2 weeks. Continue all additional medications as prescribed and recheck in 6 months.

**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. 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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