



PATIENT

Ellie Devereaux

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

14 years

WEIGHT

75lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Keysville MVS

REFERRING VET

Dr. Cornett

INVOICE

24361

DATE

5/23/22

PRESENTING CLINICAL SIGNS

History: Previous adrenal mass, possible liver mass diagnosis, arrhythmia, dyspnea, abdominal ascites, abdominal breathing. Lasix 20 BID/TID, Vetmedin 5 BID, Sprinolactone 25, Galliprant, Denamarin, Welactin

Brief echo NSF (MD 5/23/21)

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 from an AliveCor monitor; 50mm/s, 20mm/mV. Baseline artifact throughout impedes p wave evaluation. The average heart rate is 160bpm (range 100-250bpm). A single QRS morphology is visualized, suggesting an entirely supraventricular origin. Brief runs of 250bpm (3 beats).

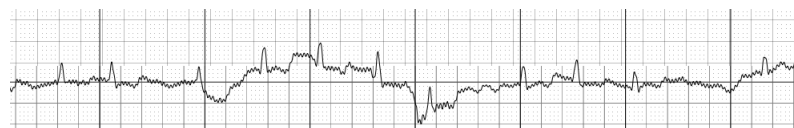
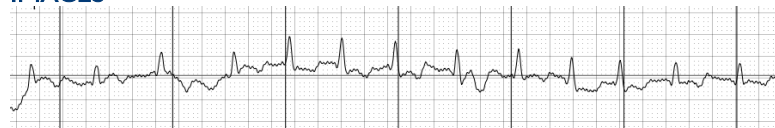
ECG diagnosis: Supraventricular arrhythmias; rule out atrial fibrillation versus paroxysmal SVT (such as atrial tachycardia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately the ECG is non-diagnostic, with an inability to visualize P waves. This is a weakness of a single lead tracing (ie they may be present just lacking sensitivity to see them), or may reflect a true abnormality such as atrial fibrillation. What can be said is there are brief periods of marked tachycardia of a supraventricular origin (up to 250bpm), and periodic sustained SVT is a possibility. Tachycardia of any origin can lead to biventricular effusion; however, cause and effect is not yet able to be determined (ie the underlying cause of effusions may also be causing the arrhythmia or vice versa).

Given significant effusion, highly recommend immediate referral for a 6 lead tracing and advanced diagnostics. Rate control is likely warranted, although more information must be obtained prior to medicating. For the time being continue cardiac medications; however, their use should be based upon results of the echocardiogram, 6 lead ECG, and full systemic evaluation/ fluid cytology.

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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