



**PATIENT**

Remi DeVito

**SPECIES**

Canine

**BREED**

Sheltie

**SEX**

Male

**AGE**

10 years

**WEIGHT**

44lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dr. Parker

**HOSPITAL NAME**

Animal Mansion VH

**REFERRING VET**

Dr. Parker

**INVOICE**

25603

**DATE**

7/28/22

**PRESENTING CLINICAL SIGNS**

History: Arrhythmia appreciated on normal annual exam. Diagnosed with severe CVD and cardiac supportive medications were started.

Current medications: Furosemide 25mg PO BID, Spironolactone 25mg BID, Pimobendan 5mg PO BID

**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. The average heart rate is 230bpm with an irregularly irregular rhythm. No identifiable p waves with baseline undulation. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Rapid atrial fibrillation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The submitted ECG confirms suspicion for rapid atrial fibrillation (AF) secondary to atrial dilation and severe disease. 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 can lead to clinical signs and CHF. Once a patient is in AF, this will likely never convert back to sinus rhythm; however, they typically do well with rate control. Rate control medications should be initiated immediately, in addition to continuing therapy as previously recommended. Close monitoring is advised as there is high risk for decompensation, collapse and/or sudden death with development of arrhythmias.

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to screen for progression to CHF.

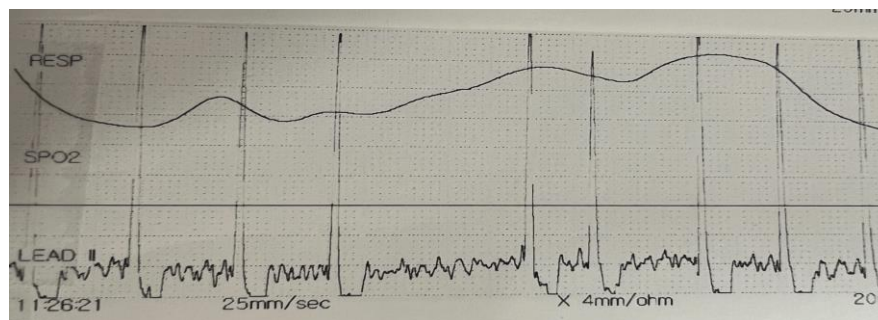
PLAN: Institute diltiazem 1-2mg/kg (available in 30, 60 and 90mg tabs) PO q8 hours. Continue all other medications as previously prescribed.

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

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

Monitor renal values every 3-4 months lifelong. A recheck echocardiogram and ECG are recommended in 6 months to screen for progression.

**IMAGES**



Baseline undulation



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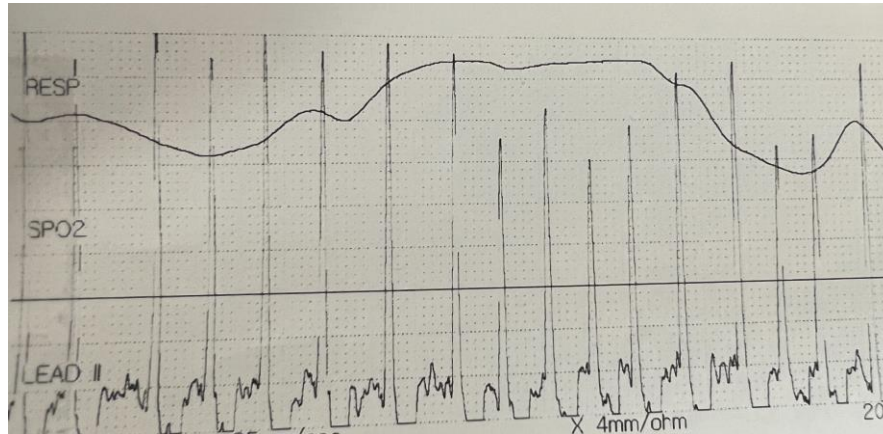
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Rapid AF

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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