



PATIENT

Chloe Terland

PRESENTING CLINICAL SIGNS

History: Diagnosed 9/9/22 with severe mitral stenosis with marked LAE. Full CHF medications recommended. Arrhythmia identified. No current update provided on clinical status or medications.

SPECIES

Canine

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 190bpm (range 115-214bpm). No identifiable p waves with an irregularly irregular rhythm consistent with atrial fibrillation.

BREED

American Bulldog

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As suspected, the diagnosis is atrial fibrillation. There is no obvious P:QRS relationship and a highly irregular rate and rhythm. The overall heart rate is elevated, although somewhat unusual to see rates as low as 120bpm. Regardless, the overall tachycardia is significant and the likely cause of recent decompensation.

AGE

6 years

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 leads to clinical signs and CHF. Rapid AF has developed secondary to structural cardiac disease which was previously diagnosed.

WEIGHT

71lbs

Immediate institution of diltiazem is recommended as below in addition to previously recommended cardiac supportive medications. Patient will always be at high risk for acute decompensation, development of CHF, malignant arrhythmias such as VT and/or sudden death going forward. Prognosis is guarded to poor long term.

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

Plan: Institute Diltiazem 1-2mg/kg PO q8h.

IMAGING PERFORMED BY

Fred Gromalak, DVM

Recheck heart rate, BP in 5-7 days with target being 140-160bpm in hospital (stressed).

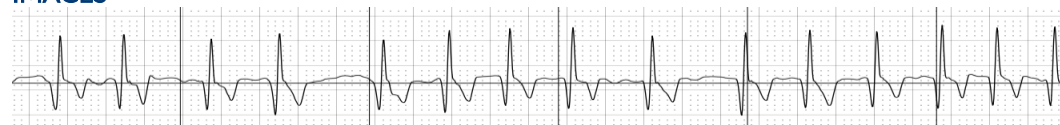
Monitor HR/ECG/BP level every 4-6 months lifelong to ensure adequate therapy.

Recheck echocardiogram in 6 months to screen for progression.

HOSPITAL NAME

SVS Imaging

IMAGES



REFERRING VET

Dr. Tarp

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.

INVOICE

26283

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.

DATE

9/9/22

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