

PATIENT

Penelope Hisey

PRESENTING CLINICAL SIGNS

History: Arrhythmia on exam; occasional premature beats on auscultation. Cherry eye and pectus carinatum on exam; otherwise normal.

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, 10mm/mV. The average heart rate is 150bpm (range 125-200bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. Occasional isolated APCs suspected; cannot be confirmed without a 6 lead tracing. No ventricular ectopic beats, pauses or other dysrhythmias observed.

BREED

Shih Tzu/Yorkie

ECG diagnosis: Normal sinus rhythm with respiratory variation. Suspect isolated APCs.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the ausculted arrhythmia is suspected to be isolated atrial premature contractions (APCs). This is considered suspect, as a 6 lead tracing would be necessary to confirm. APCs are generated from abnormal conductive or fibrotic tissue in the atria of the heart muscle, and even frequent single APCs will often cause no clinical signs in dogs. When sustained however, supraventricular tachycardia can lead to symptoms such as lethargy and collapse.

AGE

7ml

APCs are a very non-specific finding. They can be primary in origin, develop secondary to significant cardiac disease, or be extra-cardiac in origin; ie due to pain, stress, inflammation, cancer, GI disease, DIC/sepsis, etc. In a puppy without reported clinical signs, all differentials should be considered. An echocardiogram and abdominal ultrasound to monitor for any underlying abnormalities would be reasonable (particularly if a murmur or cardiomegaly is identified on CXR). A primary arrhythmic issue such as an accessory pathway can also be considered, although this is a highly unusual signalment. Finally, a simple stress response is possible and should be considered as well. Unfortunately there is always an elevated risk for collapse and sudden death in any arrhythmic patient, and even on medications this risk unfortunately still persists (albeit relatively low with APCs compared to VPCs).

WEIGHT

7.4lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

No treatment is indicated at this time. A holter monitor may also be reasonable to understand the full extent of the rhythm. The may be considered pending results of systemic evaluation and/or should any associated symptoms develop in the future (lethargy/collapse).

HOSPITAL NAME

The Veterinary Hospital

Anesthetic risk is considered mildly elevated prior to further investigation of the rhythm. Avoid ketamine, telazol, dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having diltiazem CRI available for use in the event of sustained supraventricular arrhythmias under anesthesia.

Monitor at home for collapse, exercise intolerance, and/or lethargy.

REFERRING VET

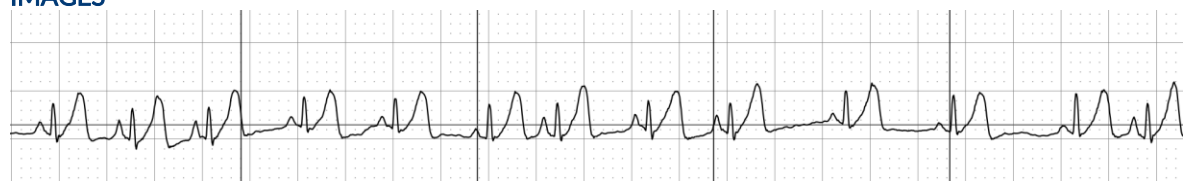
Dr. Berman

Plan: Consider systemic evaluation (echo, AUS, CXR, etc) as discussed. Consider holter monitor, particularly should symptoms develop. If declined, a recheck ECG is recommended in 6 months, sooner if any clinical signs develop in the interim.

IMAGES

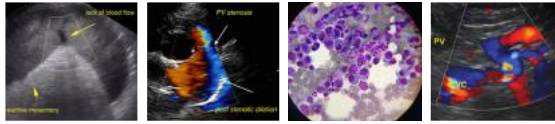
INVOICE

21216



DATE

9/25/21



PATIENT

Penelope Hisey

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.

SPECIES

Canine

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.

BREED

Shih Tzu/Yorkie

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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(Cardiology)

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

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