



PATIENT

Saraphina Cote

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

6 years

WEIGHT

5.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

PRESENTING CLINICAL SIGNS

History: Echo July (7/28/21) dx CVD B1, mild pHTN (TR 2.9 m/s, PG 33 mmHg). No medications recommended.

Recently intermittent arrhythmia heard. Radiographs showed generalized cardiomegaly with LA enlargement, pulmonary vessels WNL, no pulmonary edema. Radiologist review pending. RX: Enalapril 2. mg, 1/2 t q12h

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 120bpm (range 100-150bpm). The underlying rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Brief paroxysm of SVT noted; HR 214bpm with a short PR. Single blocked p wave at termination. No ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation. Brief paroxysm of SVT followed by single blocked P wave/AV block; suspect atrial origin.

INTERPRETATION OF THE FINDINGS

The ECG is largely normal with a respiratory sinus arrhythmia. A brief run of tachycardia is noted (4 beats in length), which is supraventricular in origin. This is suspected to reflect an atrial tachycardia (AT), given the change in PR interval and termination with brief AV block. A 6 lead tracing would be necessary to confirm. Regardless, what is seen here is relatively benign, and should not cause clinical issues unless sustained tachycardia develops. A holter monitor can be considered to establish a baseline for future comparison, and confirm that no therapy is warranted at this time. An alternative approach would be simple monitoring for associated clinical signs of sustained arrhythmias at home (acute onset lethargy/collapse), with immediate reassessment advised in these instances. Discussion with the owner is advised.

No obvious indication for therapy based upon what is seen here. Enalapril is only necessary if the patient is hypertensive, and can likely be discontinued.

RECOMMENDATIONS

- In an asymptomatic dog reportedly without significant left atrial enlargement or known SHT, no cardiac medications are clearly indicated.
- Consider a holter as discussed v monitoring.
- Omega fatty acid supplementation and mild salt restriction may be of some long term benefit.

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Dr. Pietsch

INVOICE

20896

DATE

9/3/21

- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid



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overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

- Recommend conservative monitoring with a recheck ECG in 6 months, sooner if any development of clinical signs. The echocardiogram should be reassessed as dictated by the echo report.

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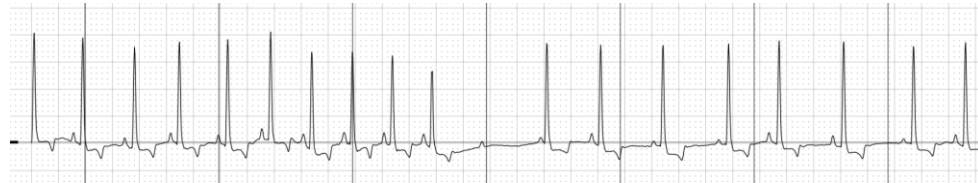
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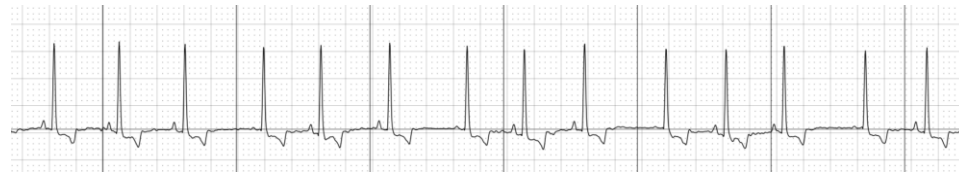
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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 info@sonopath.com

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