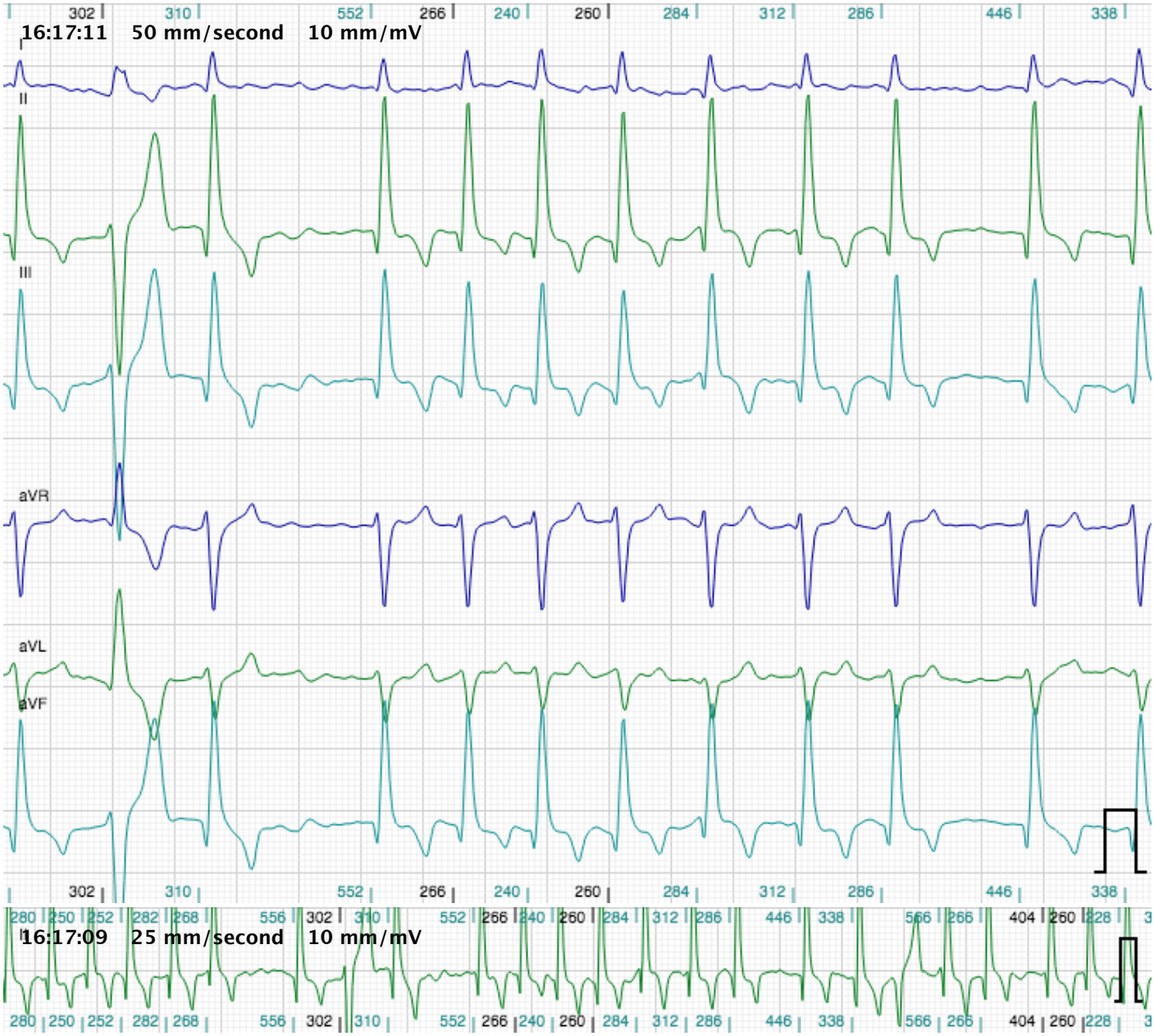
Type: Rest ECG **Date:** 03/12/2018 16:16:47 **Duration:** 00:01:04

Patient name:		Weight:	26.0 kg	Species:	Other
ID:		History		Breed:	Mix
Email:		Medications:		Owner:	
Phone Number:		Code-procedure		Spayed/Neutered	Yes
Sex:	M				
Age:	12				



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Report / Conclusion:

Heart rate is 186 BPM
QRS is 80 ms
R is 2.125mv
QT is 205 ms
P-wave and PR interval are non-applicable
90>MEA>0 (normal)

Dx: Chronic (as per oral history over the phone) atrial fibrillation with occasional, right-ventricular VPCs, along with a left-BBB (bundle branch block), resulting in right-sided congestive heart failure.

Drain as much fluid as possible from the abdominal cavity and Start the following medications:
Pimobendan at 5 mg BID
Enalapril 10 mg BID
Spironolactone 25 mg BID
Diltiazem 30 mg AM, 15 mg Noon, 15 mg PM
If azotemia, hypokalemia, hypoalbuminemia, and anorexia are all ruled out, add digoxin at 1/4 of a 0.25mg tablet [or 1.4ml of a 0.05mg/ml oral suspension (Lanoxin)], twice daily.

An electrical cardioversion under a short general anesthetic control is highly recommended, and if it is indeed elected, it should be done as soon as possible to maximize the chances of success. If indeed elected, Amiodarone (Procor) at 1.5 tablets of a 200mg tablet SID should be given INSTEAD of digoxin and diltiazem, for the 10 days preceding the scheduled cardioversion.

In addition, Ranexa (Ranolazin) at 500 mg is needed BID for the two days preceding the scheduled cardioversion.

No medications other than Pimobendan should be given in the morning of cardioversion.

Dan Ohad, DVM, Ph.D. Diplomate ACVIM (Cardiology) Diplomate ECVIM-CA (Cardiology) Aug 13, 2019