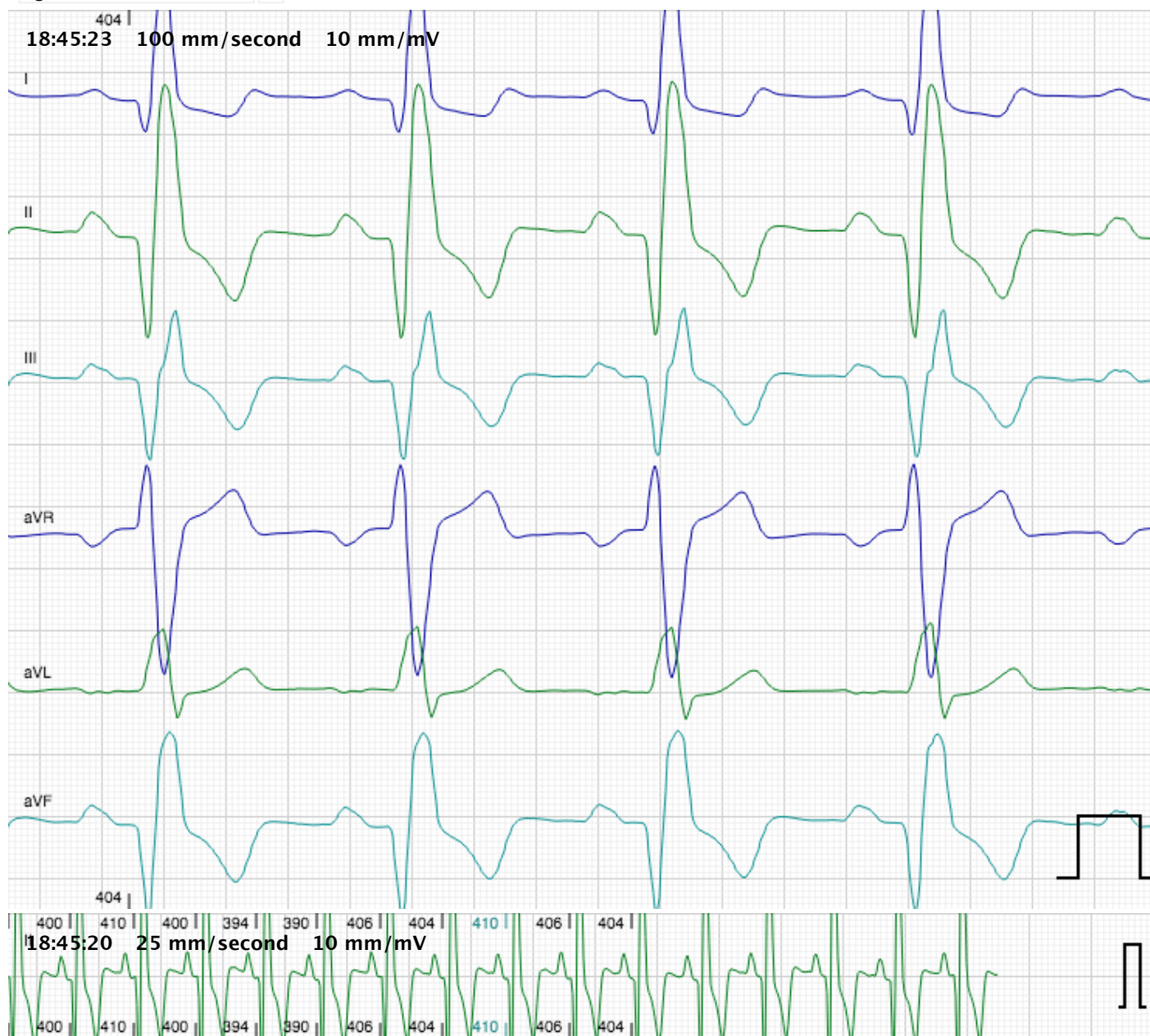


Type: Rest ECG **Date:** 13/02/2018 18:41:23 **Duration:** 00:04:04

Patient name:		Weight:	32.0 kg	Species:	Dog
ID:		History	Dispnes on auscultation...	Breed:	Doberman
Email:		Medications:		Owner:	
Phone Number:		Code-procedure		Spayed/Neutered	No
Sex:	M				
Age:	6				



Report / Conclusion:

A detailed analysis of 6 different leads was performed.

Heart rate and rhythm, measurable intervals and amplitudes, and deflection morphology were all examined and revealed the following data:

HR=140-146 bpm

P=60-65ms (prolonged, compatible with left atrial enlargement), 0.3-0.35mV (normal)

PR=90-95ms (normal)

QRS=85ms [prolonged, compatible with a left-bundle branch block (LBBB)]

R=2.45 mV (normal)

QT=200-205ms (normal)

The heart rhythm is sinus tachycardia with occasional (n=8) atrial premature complexes (APCs).

Mean Electrical Axis is within normal range.

Abnormal ECG Findings: Sinus tachycardia, occasional APCs, evidence of an LBBB and left atrial enlargement

Conclusions and recommendations: based on the signalment and history, as well as the abnormal ECG findings, dilated cardiomyopathy (DCM) with left-sided congestive heart failure is highly likely. Start Enalapril at 15 mg BID, Pimobendan at 10mg TID, furosemide at 40 mg BID, and Spironolactone at a 25mg BID. Have the owner document the sleeping respiratory rate on a daily basis from now on. Seven-to-ten days following the onset of this therapy, rule out severe (or at least progressive) azotemia, hypokalemia, hyponatremia and biochemistry-based dehydration (as per PCV or HCT and TS or TP), and change diuretic doses accordingly, as needed. Consider repeating an ECG at that same follow-up visit. If sinus tachycardia and/or APCs still remain, consider adding an anti-arrhythmic (a negative chronotropic) agent as well.

Long-term prognosis is poor. Our goal should be an improvement, and then maintenance of a reasonable quality of life until this can no longer be achieved.

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Aug 13, 2019