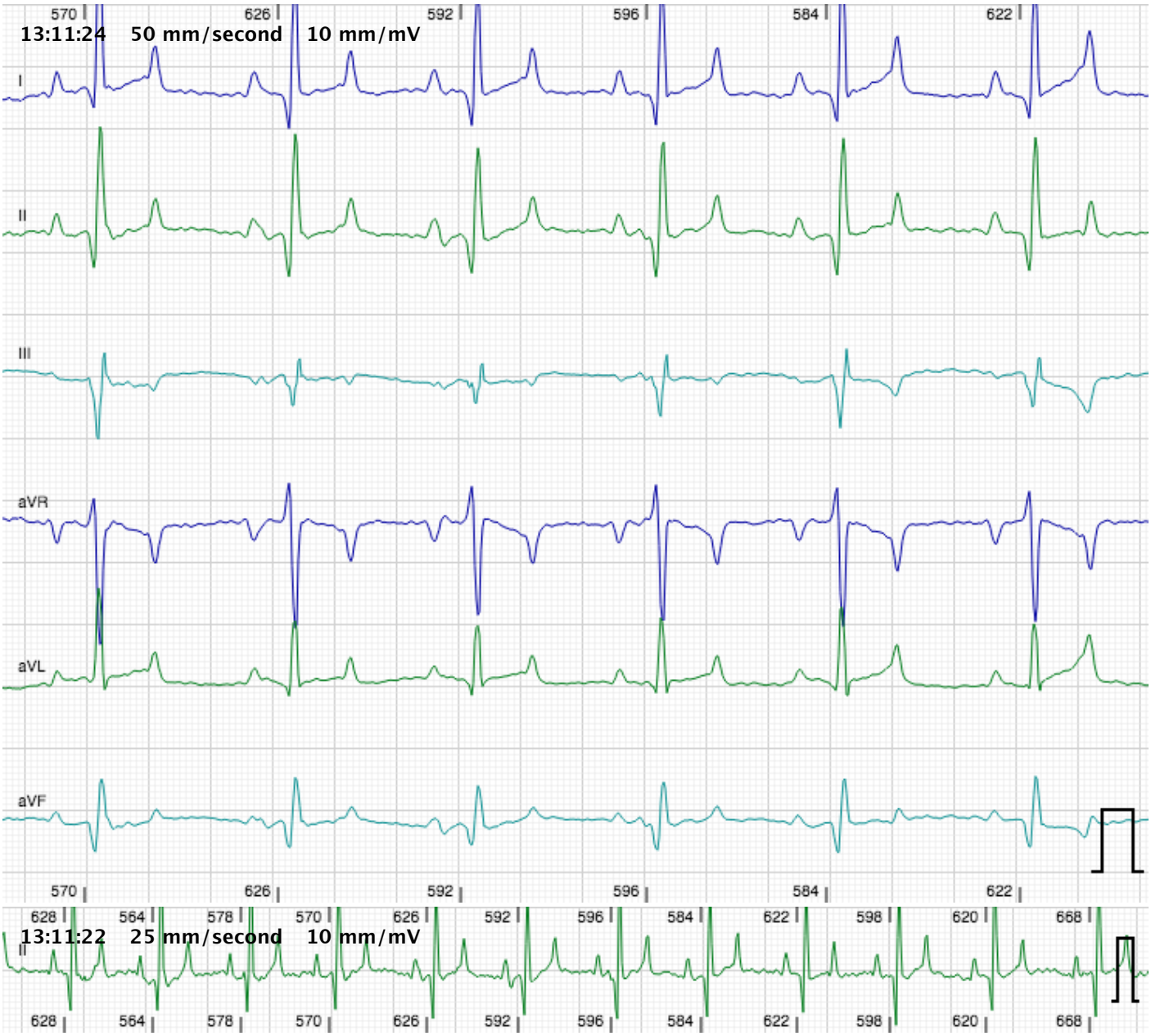
Type: Rest ECG **Date:** 16/09/2018 13:09:26 **Duration:** 00:02:14

Patient name:		Weight:	31.0 kg	Species:	Dog
ID:		History		Breed:	Wiszla
Email:		Medications:		Owner:	
Phone Number:		Code-procedure		Spayed/Neutered	No
Sex:	M				
Age:	4				



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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= 100 / min
P= 60 ms, 0.5 mV
PR= 135 ms
QRS= 65 ms
R= 1.6 mV
QT= 250 ms
Mean electrical axis of the ventricular depolarization process is in the upper end of the left lower quadrant, still within normal range.

The heart rhythm is normal sinus rhythm.

P-wave morphology appears different both in amplitude and in duration relative to last August and is theoretically compatible with biatrial enlargement. This, however, may still be a false positive finding if not supported by an audible murmur and/or by radiographic evidence.

PR interval is longer than before and may reflect a mild (1st degree) AV block. This warrants no therapy unless general anesthesia is planned for whatever indication, in which case atropine should be considered.

The longer-than-expected QT-interval is identical to what was recorded last August and is likely simply normal for this individual dog.

Conclusions and recommendations: No specific treatment is recommended, but consider thoracic radiography using two angles. NO exercise restriction is needed. Repeat the ECG in one year from now for comparison, unless clinical signs of heart disease develop any time sooner.

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