ecg4vets.com

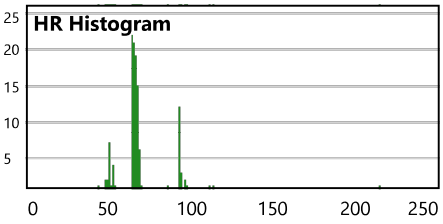
VETERINARY ECG REPORT

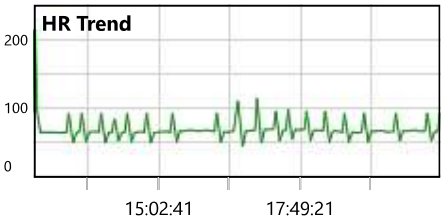
QUET

Date	2025/04/28 12:16		
Owner		**Attending Clinician**	
Patient name		**Name of Vet o Clinic**	
Species	Dog	**Breed**	Grand Danois
Age	--	**Sex**	Male
Weight(Kg)	80		

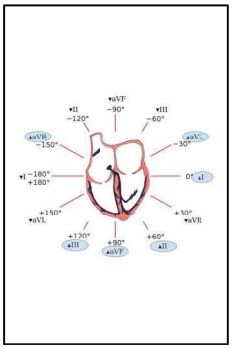
Reason for ECG recording (brief medical history, including medications)

Min HR	44 bpm (2025/04/28 12:17)
Avg HR	70 bpm
Max HR	214 bpm (2025/04/28 12:16)
Max R-R	1.348 secs (2025/04/28 12:17)
Rhythm	Irregular





Lead		
Waves, Intervals, Segments	**Amplitude (mV)**	**Duration (ms)**
P wave	0.35	80
PQ interval		156
QRS complex		72
R wave	1.66	
QT interval		380
QTc interval		359



	Dog	**Cat**
Heart rate		
Adult	70 - 160 bpm	120 - 220 bpm
Puppy	70 - 220 bpm	
Mean electrical axis		
R wave	from +40° to 100°	from 0° to 160°
P wave	<0.4 mV	<0.2 mV
	<40 msec (<5 0msec giant breeds)	<40 msec
PQ interval	60 - 130 msec	50 - 90 msec
QRS complex	<3 mV giant breeds	<0.9 mV
	<2.5 mV small breeds	
	<70 msec	<40 msec
QT interval	150 - 250 msec	120 - 180 mesc
QTc interval	150 - 240 msec	<200 msec
T wave	-0.2 mV / 0.5 mV	<0.3 mV

Mean electrical axis (QRS) (°)	90

ECG Findings

Far's ECG recording shows sustained normal sinus rhythm with an average heart rate of 70 bpm, frequently interrupted by isolated, mostly monomorphic, ventricular premature complexes (VPCs). Normal mean electrical axis = +90 degrees.

Assessment

Occasional VPCs have little clinical significance because they do not compromise significantly the cardiac output; however, if the ventricular ectopics become organised in rapid ventricular tachycardia they can cause exercise intolerance, lethargy, weakness and even syncope or sudden death. Sometimes VPCs are caused by stress, fear or excitement. However, more often, they are secondary to primary or secondary myocardial disease. They can also be caused by abdominal pathologies (GDV, pancreatitis, splenic or liver masses), electrolyte imbalances (especially affecting serum potassium), uraemia, septicaemia, hypoxia, etc.

Recommendations

Thoracic radiographs and echocardiographic examination (if possible) are recommended. Abdominal ultrasonography is also recommended to rule out splenic masses or other significant abdominal pathologies. Serum electrolytes should also be measured. At the moment Far's arrhythmia should not represent a life-threatening condition and treatment may not be indicated. However, if Far's ventricular arrhythmia deteriorates (i.e. fast ventricular tachycardia) and starts affecting the pulse quality, I would consider administration of lidocaine IV (2mg/Kg IV bolus over 1 minute). If a primary non-cardiac cause of Far 's arrhythmia (eg splenic mass) is identified, this should be removed or corrected as soon as possible.

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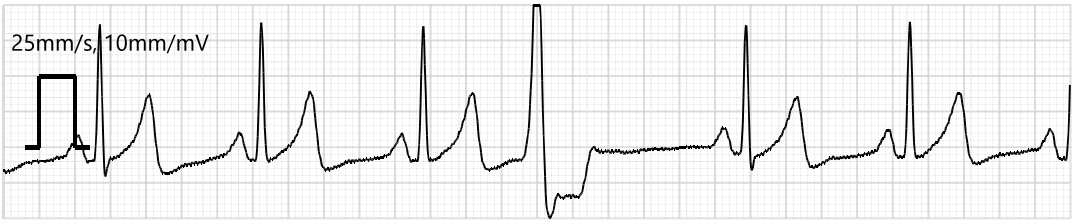
QUET

VPC

2025/04/28 12:17:33

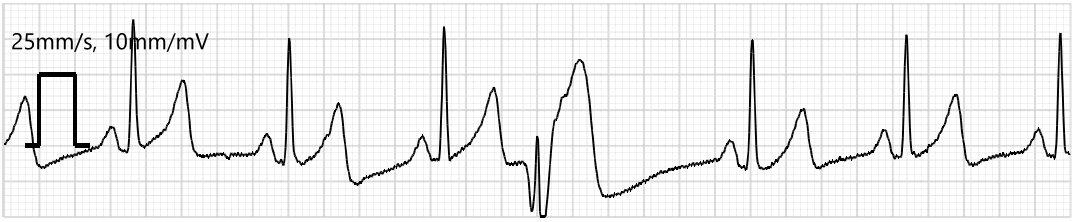
II



VPC

2025/04/28 12:17:08

II



Min HR

44 bpm

2025/04/28 12:17:04

II

Max HR

214 bpm

2025/04/28 12:16:06

II