

Vmed Technology, Inc. 16149 Redmond Way #108 Redmond, WA 98052, USA (800) 926-9622

Date / Time: 08/18/2005 18:11:19

Elapsed Time: 00:00:00
Sweep Rate: 50 mm/sec
Gain: (x1.0) 10mm/mV
ECG Filter / Notch: High / 60Hz

Episode Date / Time: 08/18/2005 18:11:19

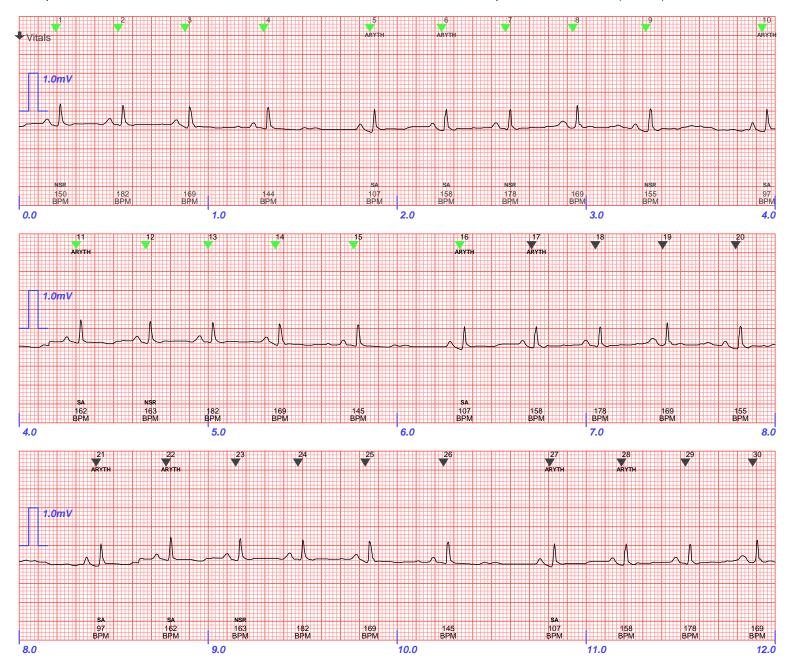
Episode Duration: 00:00:15

Patient Name/ID: Tilley p36 Cat SA

Owner: Tilley Species: Feline

Breed:
Birth Date:
Sex:
Weight:

Template: Feline(default)





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162

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98.8

Event Date / Time Elapsed Event HR RR SpO2 Temp Time (bpm) (bpm) %/PR (°F)

Vitals

Diagnostic Notes / Comments:

Analysis of Beats [1...16]

08/18/2005 18:11:19

## \*\*\*\*\*\* ECG is ABNORMAL \*\*\*\*\*\*\*\*

PASS -- Heart rate within normal range

PASS -- P-waves present and related to R-waves

00:00:00

FAIL -- Steady R-R intervals

Reason: Arrhythmia(s) found

PASS -- Amplitude of beats within maximum range

PASS -- Normal complexes and beats

4 beats met the criteria of Normal Sinus Rhythm (NSR)

5 beats met the criteria of Arrhythmia (ARYTH)

5 beats met the criteria of Sinus Arrhythmia (SA)

Vmed Interpreter has determined that the ECG episode is "Abnormal" and has annotated those abnormalities on the strip chart and/or listed them above. WHEN HEART ENLARGEMENTS ARE SUSPECTED, THEY MUST BE CONFIRMED WITH X-RAY OR ULTRASOUND. Please examine each abnormal beat and verify that the start/stop and R-wave marker positions are correct. Run Quick-Chek again if results are in doubt. Some abnormalities such as arrhythmias and heart enlargements may be normal for the patient's particular breed or species.

Average Waveform Statistics

Componet	Width (ms)	Amplitude (mv)
P	44.9	0.136
Q	18.5	-0.069
R	31.0	0.538
S		
T	61.8	-0.028
PQ segment	37.9	-0.041
ST segment	100.2	0.001
PR	82.8	
QRS	35.6	
QΤ	194.6	
PQRST	219.6	

Vmed Interpreter ECG Interpretation Software Caveats and Limitations.

No ECG interpretation software can provide conclusive and correct results in all cases. Professional judgment must be used in selecting patterns for software analysis. Signal artifact and electronic noise may result in an incorrect interpretation of ECG complexes and episodic patterns. Choose an ECG complex and chart segment with a steady baseline and free of apparent artifacts. If in doubt, repeat the analysis with a different chart segment or ECG complex. Use leg clips for the most accurate Lead II information. Diagnosis should not be made using ECG interpretation only.

IF, AFTER FOLLOWING THE ABOVE PRECEDURES, THERE IS ANY QUESTION ABOUT THE RESULTS, SUBMIT ECG SWEEP INFORMATION AND REPORTS TO A VETERINARY CARDIOLOGIST FOR CONFIRMATION. VMED ASSUMES NO LIABILITY FOR INCORRECT OR INCONCLUSIVE ECG INTERPRETATION.



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