24 HOUR HOLTER: 38-497 - CCC
PROcedure DATE: 10/12/12-10/14/12

48 hours of ECG monitoring were performed in this patient with palpitations to rule out significant arrhythmia. Reported medications include Simvastatin and Aspirin.

The predominant rhythm was sinus at rates ranging from 39 to a maximum effective heart rate of 183 BPM (A.Fib), with an overall average heart rate of 82 BPM. Episodes of paroxysmal atrial fibrillation were seen throughout the monitoring period, duration 4 beats to 2 1/2 hours. Episodic atrial and ventricular bigeminal cycles were noted. All intervals were within normal limits. The maximum RR interval for the recording was 1.6 seconds seen at 06:40.

A total of 483 isolated APBs, 33 atrial couplets, and 14 runs of atrial tachycardia, duration 3 to 5 beats, at rates 109 to 172 BPM were identified.

A total of 212 isolated VPBs and 3 ventricular couplets were documented.

There were 3 patient complaints of "palpitations," 2 of which correlated with atrial fibrillation at rates 125 to 130 BPM. One recording showed sinus rhythm at a rate 71 BPM.

IMPRESSIONS: 1. Predominant sinus rhythm with episodes of A.Fib with rapid ventricular response up to 2.5 hours duration; heart rates 39-182 BPM; average 82 BPM); normal intervals; no significant pauses.
2. Moderate amount of atrial ectopy (APBs, couplets, short runs of atrial tachycardia).
3. Small amount of low-grade ventricular ectopy.
4. Complaints of "palpitations" corresponded to A.Fib and sinus rhythm without ectopy.
PATIENT-ACTIVATED EVENT (LOOP) RECORDER: K2-2127 - CCC
PROCEDURE DATE: 07/15/13-07/30/13

Long-term event monitoring was performed in this patient with history of atrial fibrillation/flutter and palpitations to assess rhythm and rates. Reported medications include Celexa, Metoprolol Succinate 50 mg daily, Simvastatin, Warfarin and Aspirin.

On 7/15/13 the baseline recording showed sinus rhythm at rates 61 to 70 BPM.

The baseline intervals were as follows: rate 62 BPM: QT .36, PR .19, QRS .09.

There were 45 recordings with complaints of "palpitations," "auto triggered" and "irregular heart beat" which showed sinus rhythm at rates 51 to 119 BPM with APBs, atrial couplets, blocked APBs, one 3-beat run of atrial tachycardia, at a rate of 138 BPM, VPBs, and episodes of PAF, duration 3 beats to greater than 45 seconds. There were recordings of atrial fibrillation/flutter with average ventricular response rates of 80 to 170 BPM with isolated VPBs noted.
PATIENT-ACTIVATED EVENT (LOOP) RECORDER: K2-3683 - CCC
PROCEDURE DATE: 07/01/14-07/23/14
Long-term event monitoring was performed on this patient with atrial fib/flutter, s/p PVI, to rule out a significant arrhythmia. Reported medications include Metoprolol succinate 25 mg twice daily, Simvastatin, Aspirin 81 mg daily, and Warfarin.

7/1/14 The baseline recording was sinus rhythm at rates of 83 to 87 PBM.

The baseline intervals were as follows: rate 85 BPM, QT.35, QRS.08, PR.18 (all intervals were within normal limits).

Seventy-six recordings were transmitted with and without symptoms of tiredness, "fast heart rate", "palpitations", and "arrhythmia". Sixty-seven recordings showed sinus and sinus tachycardia at rates of 55 to 126 BPM with isolated APBs, atrial couplets, VPBs, episodes of atrial bigeminy and trigeminy, 8 runs of atrial tachycardia 3 to 9 beats in duration at rates of 129 to 160 BPM, and 7 episodes of PAF with average rates over 6 seconds of 100 to 180 BPM.

Nine recordings showed atrial fibrillation with average ventricular response rates of 100 to 200 BPM.
PATIENT-ACTIVATED EVENT (LOOP) RECORDER: K2-4012 - CCC
PROCEDURE DATE: 09/09/14-10/02/14
Long-term event monitoring was performed in this patient with history of atrial fibrillation/flutter, S/P ablation, to assess rhythm and rates and to rule out significant arrhythmia. Reported medications include Aspirin 81 mg daily, Dextroamphetamine, Metoprolol Succinate 100 mg daily, Simvastatin, Valacyclovir and Warfarin.

On 9/9/14 the baseline recording showed sinus rhythm at rates 77 to 82 BPM.

The baseline intervals were as follows: rate 78 BPM: QT .36, QRS .09, PR .17.

Sixty-seven recordings were transmitted without symptoms which showed sinus/sinus tachycardia at rates 61 to 140 BPM with isolated VPBs and one 3-beat run of atrial tachycardia at a rate of 142 BPM.

NOTE: Recordings from 9/17/14 and 9/18/14 were lost due to computer error. A paper copy is in the file.
N.B. 6.5 months after second PVA procedure (pulmonary vein ablation)

48 HOUR HOLTER: 41-185 - CCC
PROCEDURE DATE: 03/26/15-03/28/15
48 hours of ECG monitoring were performed in this patient with dysrhythmia, S/P PVI ablation, to assess rhythm and rates. Reported medications include Metoprolol Succinate, Coumadin, Simvastatin, Aspirin and Valacyclovir.

The predominant rhythm was sinus at rates 43 to 165 BPM, with an overall average rate of 65 BPM. All intervals were within normal limits. The maximum RR interval for the recording was 1.4 seconds seen at 04:41.

A total of 27 isolated APBs and one 3-beat run of atrial tachycardia, at a rate of 107 BPM were identified.

A total of 2 isolated VPBs were documented.

No symptoms with returned cardiolog.

IMPRESSIONS:

1. Sinus rhythm, normal intervals; no pauses.
2. Minimal atrial/ventricular ectopy.
3. No symptoms.