

## **CASE STUDY**

A 74-year-old female presented to re-establish cardiology care after she was lost to follow-up for 4 years. Patient presented with complaints of right side of her mouth drooping and several episodes of having right side facial drooping that would resolve spontaneously. She denied confusion, difficulty with speech, lightheaded/dizziness or palpitations. The patient stated that she has not felt well for the last six months and her symptoms were also associated with fatigue.

### **Diagnostic Work Up**

A resting 12-lead in-office EKG showed sinus bradycardia with old infarct, which was a new change for her. A Cardea SOLO™ ECG Sensor was ordered to assess for potential cardiac arrhythmias, given the sinus bradycardia findings on 12L ECG and suspected TIA based on reported symptoms.

# Cardea SOLO Ambulatory ECG Sensor Application and Automated Report Generation Findings

A Cardea SOLO Sensor was applied on the same visit and worn for 6 full days. Significant findings included frequent runs of Tachycardias and Supraventricular Tachycardias (SVTs), a single 30-minute episode of paroxysmal atrial fibrillation (PAF) with rapid ventricular response (RVR) at a maximum rate of 184 BPM that terminated with a 4-second Pause. The PAF occurred on Day 3 of Sensor wear-time.

Rare isolated PACs and PVCs were noted. No Bradycardia runs or Ventricular Tachycardia occurred.

Patient-Reported Events: 16 [SVT, PAC Isolated, PVC Isolated]. The patient's diary entry with complaints of dizziness and fast heart rate corresponded to confirmed Atrial Fibrillation with RVR.

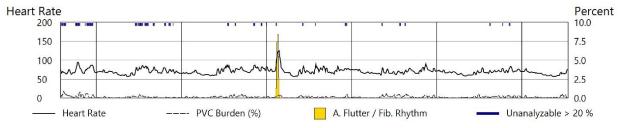


Figure 1. Day 3 AF episode with RVR

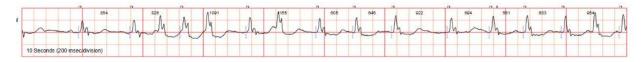


Figure 2. Onset AF rhythm



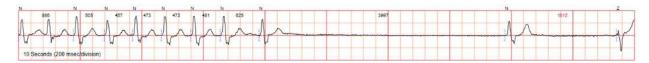


Figure 3. Offset rhythm with 4-second Pause

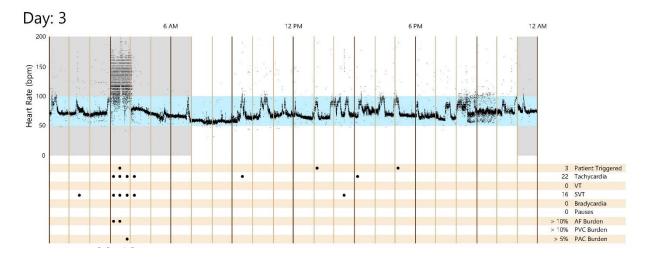


Figure 4. RhythmSignature™ scatterplot visualizing Day 3 AF episode

## **Treatment**

The patient's treatment plan was established upon review and confirmation of Cardea SOLO report findings.

#### **Discussion**

A standard 48-hour Holter monitor would have missed the single episode of symptomatic PAF findings, which occurred on Day 3 of ECG monitoring.

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