

# Why use ECG monitors that still report an unspecific diagnosis of SVT?

When a CAM report can give you the actual atrial arrhythmia diagnosis

CAM is the **ONLY** cardiac monitoring report that **identifies all significant subtypes of atrial arrhythmias** instead of just SVT

**Specific atrial arrhythmias are typically generalized as SVT on cardiac monitoring reports** due to inadequate technological breakthroughs in ECG monitoring. SVT may not always be life-threatening, but it is life-altering. Patients with SVT can have a decreased quality of life. View the back page to see why the CAM patch was invented and a testimonial from a patient, originally diagnosed with SVT, who had an improved outcome.

**BardyDX** Cameton Ambulatory Monitor  
CAM Report

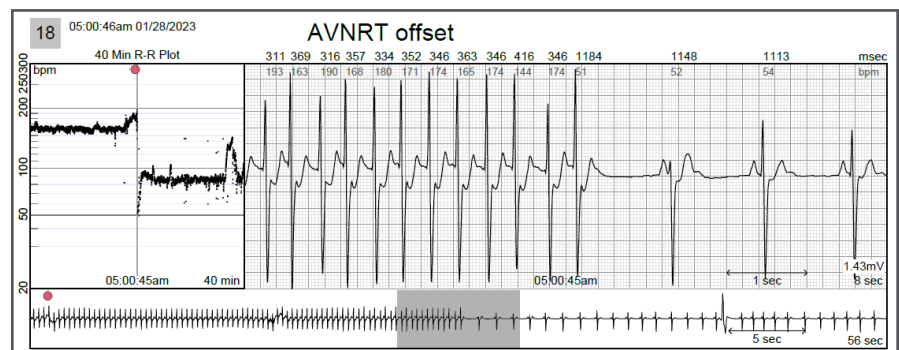
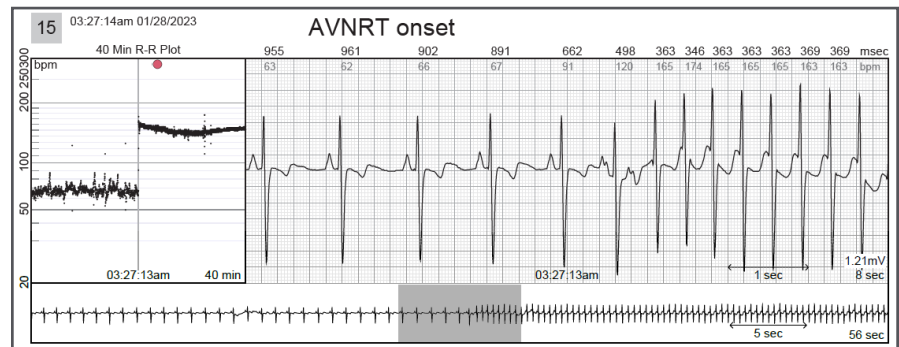
**Patient Data**  
Age 40  
Sex Female  
Indication Palpitations  
Pacemaker No  
Notes  
Physician  
Organization  
CAM Applied  
CAM ID

**Report Summary**  
Recording Length: 7 days, 2 hours  
Analysis Time: 7 days, 1 hour (artifact removed)  
Recording Period: 01/25/2023 12:00:00pm to 02/01/2023 02:17:34pm  
Button Presses Count: 24  
Correlate to: AVNRT, PAC, PVC, SA, ST  
Critical Status Notes: None  
Findings Summary:  
- Predominant rhythm: NSR  
- Probable AV Node Reciprocating Tachycardia (AVNRT) 1 episode, 1.6 h @ Avg 158 bpm up to 197 bpm  
- PAC 0.01 %  
- PVC 0.1 %

**ECG Analysis Summary**  
Impulse Formation & Conduction  
Predominant Rhythm: NSR  
Sinus Heart Rates: Avg 83 bpm, Min 59 bpm, Max 197 bpm  
ECG Intervals: PR 0.15 s, QRS 0.11 s, QT 0.34 s, QTc 0.40 s  
Paced:   
Sinus Pause:   
ST:  12 % >100 bpm  
SA:  0 % >48 bpm  
Sinus Exit Block:   
AV Block:   
AVRT:  No pauses > 2.5 s  
Supraventricular Arrhythmias:  
AF:   
AFL:   
AT:   
AVNRT:  Episodes 1, Longest 1.6 h @ Avg 158 bpm, Fastest (up to 197 bpm)  
AVRT:   
PAC:  Burden 0.01%, Avg 3 /day, Isolated 18, Pairs 0  
Ventricular Arrhythmias:  
PVC:  Burden 0.1%, Avg 119 /day, Isolated 835, Pairs 0  
Other:

Supraventricular Arrhythmias	
AF	<input type="checkbox"/>
AFL	<input type="checkbox"/>
AT	<input type="checkbox"/>
AVNRT	Episodes 1 Longest/ Fastest 1.6 h @ Avg 158 bpm (up to 197 bpm)
AVRT	<input type="checkbox"/>
PAC	Burden 0.01% Avg 3 /day Isolated 18 Pairs 0

Top image: CAM report cover page of a 40 y/o female patient diagnosed with AVNRT. Upper right: detailed view of the atrial arrhythmia findings. Right: Strip 15 and 18 from the report showcasing AVNRT onset and offset.



## Background Story

# Why the CAM Patch was Invented

## Lorene Bardy

Lorene, Dr. Gust Bardy's wife, had a rare heart rhythm disorder for over 25 years. She had worn at least 10 different external cardiac monitors and two ILRs. None of the devices were able to provide a specific arrhythmia diagnosis. Her arrhythmias would come and go, where there were many months without abnormalities. Some of her conditions would put her in the intensive care unit. Ultimately, she passed away due to sudden cardiac death while on a daily walk.

One year after she passed away Dr. Gust Bardy invented the CAM patch to solve the problem of cardiac monitors' inability to identify the P-wave clearly, providing cardiologists & EPs with more actionable diagnoses.<sup>1,2</sup>

# Patient Testimonial

## Lauryn Czar

Lauryn was diagnosed with an SVT when she was six years old. Over the last 20+ years, she has had a sudden heart rate increase every two to three months, forcing her to drop everything and use techniques taught to her by clinicians to relieve her symptoms. The onset of these episodes would often scare the people around her. As she got older, the frequency and duration of her episodes increased, often causing her to miss out on moments with her family and friends. Having to manage this SVT prevented her from doing what she wanted to on a day-to-day basis. Her life was changed after she wore a CAM patch monitor that finally diagnosed this SVT with a specific atrial arrhythmia that was clinically actionable. Her doctor reassured her that the AVRT seen on the report could be treated with an EP study and ablation. Since her ablation in December 2020, she hasn't had any reoccurrence of episodes. The CAM patch's actionable diagnostic finding changed her life, and ultimately allowed her to live a normal life without worrying about managing ambiguous SVT episodes.<sup>3</sup>



1. Smith WM., et al. Comparison of diagnostic value using a small, single channel, P-wave centric sternal ECG monitoring patch with a standard 3-lead Holter system over 24 hours. *American Heart Journal* 2017;185:67-73. doi:10.1016/j.ahj.2016.11.006

2. Rho R., et al. Comparison of 2 ambulatory patch ECG monitors: The benefit of the P-wave and signal clarity. *American Heart Journal*. 2018;203:109-117. doi:10.1016/j.ahj.2018.03.022

3. Patient testimonial and consent on file. Baxter, 2023.

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