


PRESENTING CLINICAL SIGNS

History: Arrhythmia noted during pre-operative exam. Echo WNL.

DATE

 1/25/22 **HOLTER MONITOR FINDINGS**
PERFORMED BY:

Jenn

 Recording time: 23 hours, 59 minutes
 Mean heart rate: 117 bpm
 Maximum heart rate: 284 bpm (sinus tachycardia)
 Minimum heart rate: 53 bpm

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Rhythm: Normal sinus rhythm with frequent APCs

 Ventricular ectopy:
 Total: 0 beats
 VPCs: 0
 Couplets: 0
 Total runs: 0
 Escape beats: 0

PATIENT

Philly Abley

 Supraventricular ectopy:
 Total: 2635 beats
 APCs: 2635
 Couplets: 0
 Total runs: 0

SPECIES

Canine

BREED

Havanese

The summary above is an accurate representation of the Holter recording. The average heart rate is normal for a dog this age in the home environment. The underlying rhythm is normal sinus rhythm, and there are frequent single APCs present. No ventricular ectopy or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS
SEX

F

Philly's Holter monitor demonstrates the presence of frequent single APCs. Given her age and the absence of structural heart disease, it's possible that Philly could be suffering from a congenital disorder affecting her cardiac conduction system, however, a non-cardiogenic cause of her arrhythmia cannot be ruled out.

AGE

5 mo

Single APCs are typically well-tolerated in dogs, therefore, Philly's current risk for the development of clinical signs, such as exercise intolerance and syncope, appears to be relatively low, though it's possible that her arrhythmia could worsen over time.

WEIGHT

10.5 lb

Philly's cardiovascular risk for general anesthesia is mildly increased based on her Holter monitor, and I recommend avoiding the use of anesthetic medications that can worsen the severity of her APCs, such as ketamine, telazol, and, if possible, anticholinergics. Diltiazem (0.1 mg/kg slow IV) should be available in case Philly develops an atrial tachycardia while anesthetized.

HOSPITAL NAME

Rockaway AH

As only single APCs are present, no therapy is recommended at this time.

A recheck ECG and/or Holter monitor is recommended in 3 months, sooner if new clinical signs compatible with an arrhythmia develop.

REFERRING VET

Dr. Ascot



DATE The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

1/25/22

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

PERFORMED BY:

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PATIENT

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