


PATIENT

Norman Hutter

PRESENTING CLINICAL SIGNS

History: Recent episodes of collapse. Liver mass on AUS.

Evaluated at UW ECC 12/27/2022: cardio consult showed abnormal swelling associated with the LV (suspect infiltrative disease). Intermittent VPCs. Holter suggested. No PAH.

SPECIES

Canine

BREED

Corgi

SEX

Male Neutered

AGE

2008

WEIGHT

22 lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY
HOSPITAL NAME

Clarity Imaging, LLC

REFERRING VET

Dr. Dally

INVOICE

28562

DATE

1/25/23

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:32h
Mean heart rate	132bpm
Maximum heart rate	186bpm
Minimum heart rate	76bpm
VPCs	2333 singles
APCs	8 singles

Interpretation: Underlying normal sinus rhythm with apparently appropriate rate variation (no diary included). Single VPCs; monomorphic although some polymorphism noted. During presumed sleep, occasional pauses noted without escape foci or AV block (a normal finding).

Rhythm diagnosis: Sinus rhythm with isolated VPCs.

RECOMMENDATIONS

The monitor documents primarily a normal sinus rhythm. Isolated VPCs are noted, which are not surprising in a senior dog although the frequency is considered more than normal. Even with increased frequency, the overall markers of malignancy are low and there is no clear indication that these are related to the collapse episode. Rather, my suspicion is that the VPCs are secondary to one of the 2 significant underlying issues in this case which may have caused the episode (such as an acute bleed). That being said, any animal with VPCs has the risk for sustained arrhythmias such as VT/VF and potential for sudden death and follow up is recommended if further episodes occur.

In the absence of markers of malignancy (polymorphism, R on T, triplets, etc), no clear indication for anti-arrhythmic therapy at this time. Recommend close monitoring at home; however, as if persistent episodes are noted this may be revisited. Consider educating the owner on obtaining a heart rate during any future episodes to help determine correlation with rapid arrhythmias (palpation, auscultation, AliveCor monitor). Activity restriction is advised.

Further evaluation of cardiac and hepatic abnormalities should be investigated as dictated by the imaging reports.

Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3/6 once to twice daily).

Monitor at home for further collapse, exercise intolerance, and/or lethargy. Consider an AliveCor monitor for at home HR/ECG monitoring.

A recheck ECG and/or holter monitor is recommended in 6 months, sooner if further episodes of collapse occur.



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IMAGES



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.

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.

Maggie Machen Lamy, DVM
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