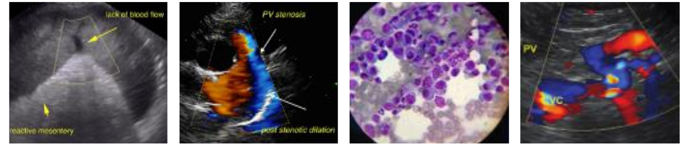


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Josie Zega

SPECIES

Canine

BREED

Min. Poodle

SEX

FS

AGE

2010

WEIGHT

9.9lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

21429

DATE

10/8/21

PRESENTING CLINICAL SIGNS

History: Collapsed after coughing.
Current medications: None.
Echo results (EL 9/2021): MR/TR; stage B1.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:44h
Mean heart rate	140bpm
Maximum heart rate	207bpm
Minimum heart rate	97bpm
VPCs	0
APCs	5 singles

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Infrequent 2nd degree AV block noted, presumably at rest. Slight prolongation of the PR interval prior ot the block most consistent with benign type I (Wenkebach). Occasional APCs (5 in 24 hour recording) are of little clinical significance.

Rhythm diagnosis: Sinus rhythm with isolated APCs and infrequent type I 2nd degree AV block.

RECOMMENDATIONS

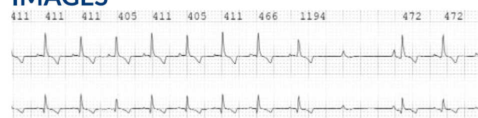
Largely normal recording, with appropriate rate variation. The max and min heart rates are sinus in origin, without sustained tachyarrhythmias, extended pauses, etc. There are isolated APCs noted rarely throughout, which are largely benign and suspected to be incidental. Finally, occasional 2nd degree block is noted presumably while at rest, which is most consistent with type I. This occurs secondary to high vagal tone and is physiologic in origin.

APCs are a very non-specific finding. They can be primary in origin, develop secondary to significant cardiac disease (not present), or be extra-cardiac in origin; ie due to pain, stress, inflammation, cancer, GI disease, DIC/sepsis, etc. In a senior small breed dog, systemic differentials could be considered. That being said, the patient has already had full body imaging with only mild changes identified. Certainly no treatment is indicated based upon what is seen here.

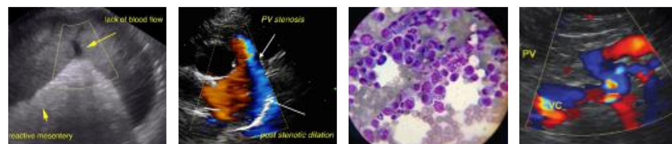
Isolated APCs are not associated with clinical signs such as collapse, and are unlikely to be related. Additionally, the finding of type I AV block may support high vagal tone as a related issue. The situational nature of the episode is most suggestive of a vasovagal event, and should be considered most likely at this point. If the episodes recur INDEPENDENT of vomiting, coughing, etc (ie less likely to be vagal-induced), further arrhythmia evaluation may be indicated (attempt to obtain a heart rate, placement of an event monitor, etc). Suspicion is low at this time.

A recheck ECG and/or holter can be considered in 6-12 months to screen for progression, sooner if recurrent episodes are noted as discussed.

IMAGES



2nd degree AVB



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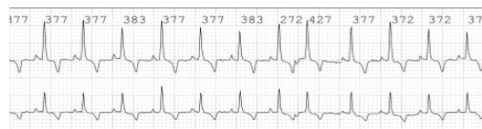

APC

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com