

**PATIENT**

Hudson McCracken

**PRESENTING CLINICAL SIGNS**

History: Collapsing & suspected arrhythmia. Recent echo showed CVD B1.  
 Medications: Vetoryl 10mg Gabapentin 100mg Galliprant 60mg Thyroid Tabs 0.4mg  
 DIARY: Included.

**SPECIES**

Canine

**BREED**

Mix

**SEX**

MN

**AGE**

11 years

**WEIGHT**

61 lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

Time analyzed	23:57h
Mean heart rate	94bpm
Maximum heart rate	225Bpm
Minimum heart rate	59bpm
VPCs	3
APCs	678 singles, 36 pairs, 24 runs of SVT

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Atrial Tachycardia is noted (AT); acute increase in heart rate with acute termination. Several runs with heart rates as high as 270bpm. Rare VPCs and frequent APCs are noted.

Rhythm diagnosis: Sinus rhythm with salvos of atrial tachycardia, APCs and rare VPCs.

**RECOMMENDATIONS**

Significant supraventricular arrhythmias are observed, with salvos of an SVT which is likely an atrial tachycardia (AT). AT is an umbrella term indicating a narrow complex tachycardia arising from within the atrial tissue. AT tends to be more benign than a ventricular tachycardia; however, sustained AT can lead to signs such as lethargy or collapse. While a primary arrhythmic issue may be possible, a caudal abdominal mass was identified that may be related. Follow up as dictated by AUS report

Given the significance of the findings in a syncopal patient, recommend initiating diltiazem as below. Omega fatty acid supplementation may be of some long term benefit in arrhythmic animals. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

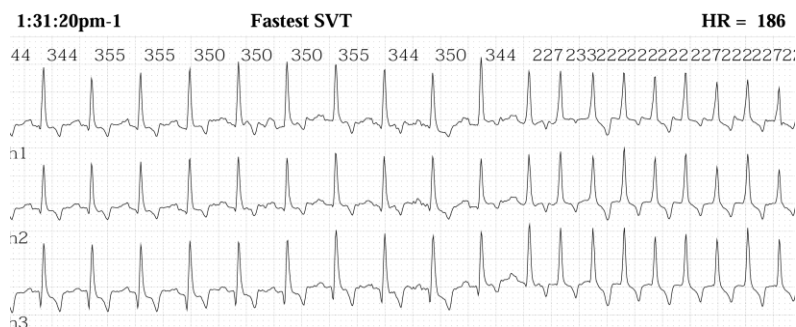
Plan: Consider further work up for abdominal pathology. Recommend institute Diltiazem 1-2mg/kg PO q8h and reassess an ECG or ideally a holter in 2-4 weeks. Follow up/treatment for structural disease should be dictated by the Echo report.

**HOSPITAL NAME**

Legacy AH

Reassess a holter in 6 months, sooner if any syncope or additional clinical signs arise.

**IMAGES**



**REFERRING VET**

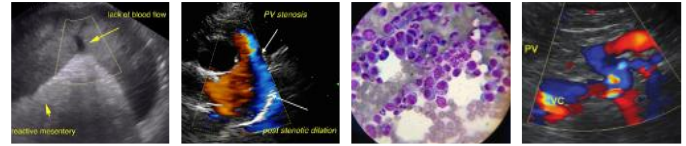
Dr. Potenzzone

**INVOICE**

45750

**DATE**

11/14/25



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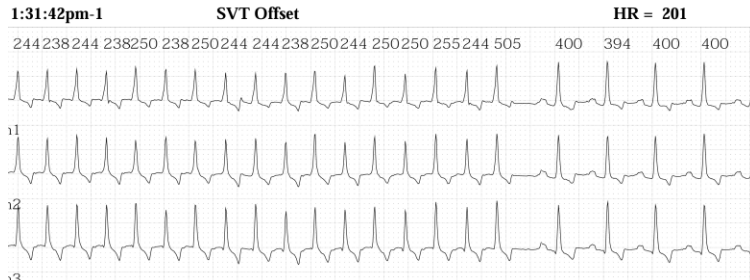
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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