


**PATIENT**

Ariel Heath

**SPECIES**

Canine

**BREED**

Shephard Mix

**SEX**

FS

**AGE**

12years

**WEIGHT**

61

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**
**HOSPITAL NAME**

 Mass Veterinary  
 Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

21841

**DATE**

11/2/21

**PRESENTING CLINICAL SIGNS**

History: Ariel was seen recently for panting. She was noted to be tachycardiac at that point. Ariel was previously on a grain free diet but has changed to Wellness with grains. She is presently eating better with normal activity. Ariel has no current C/S/V/D/PU/PD. She does have odd episodes at night with some "blowing air out" and panting but no dyspnea noted otherwise.

Abnormal PE/Chem/CBC/UA Results: CBC, chem, TT4---> within normal limits

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

Time analyzed	23:50h
Mean heart rate	81bpm
Maximum heart rate	229bpm
Minimum heart rate	39bpm
VPCs	384 singles; 3 pairs
APCs	14 singles

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Max HR appears sinus in origin, and occurred shortly after monitor placement (presumably stress induced). VPCs and APCs throughout; primarily singles with 3 ventricular couplets. No runs, pauses or other dysrhythmias observed.

Rhythm diagnosis: Sinus rhythm with isolated VPCs and APCs; occasional ventricular couplets.

**RECOMMENDATIONS**

The monitor documents primarily a normal sinus rhythm with single VPCs and APCs throughout. While the numeric count is relatively low, the finding of occasional ventricular couplets is concerning. The abnormal beats appear primarily with concurrent stress, and the markers of malignancy are low.

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 for any associated clinical signs including acute lethargy or collapse. Panting is non-specific, and it is unclear if this is related. Tachycardia is mentioned on the initial exam; however, the patient does exhibit a sinus tachycardia in times of stress that is likely the cause. Recommend further evaluation if no systemic issues are identified, including an echocardiogram to screen for DCM. If the panting persists undiagnosed and the echo is unremarkable, consider a portable ECG such as an Alivecor, repeat holter monitor, and/or consideration of an event monitor.

Any animal with VPCs has the risk for sustained arrhythmias such as VT/VF and potential for sudden death.

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

Plan: An echocardiogram is strongly recommended in addition to further systemic evaluation. Consider portable ECG, etc as discussed.

A recheck ECG and/or holter monitor is recommended in 6 months to screen for progression, sooner if any symptoms such as collapse are noted.



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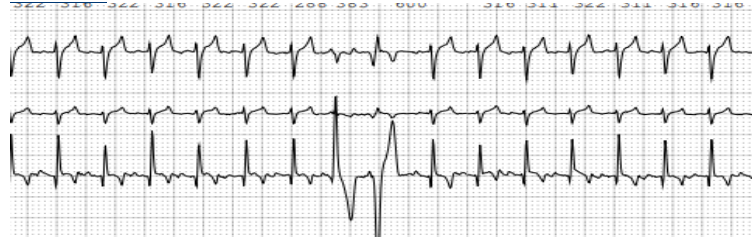
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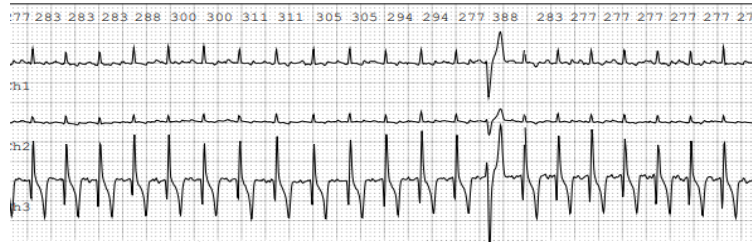
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**IMAGES**



Couplet



Max HR

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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