


PATIENT

Jazzie Auger

SPECIES

Canine

BREED

German Shepherd

SEX

Female

AGE

1.5 years

WEIGHT

70 lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY
HOSPITAL NAME

 Mass Veterinary
 Services

REFERRING VET

Dr. Masloski

INVOICE

27725

DATE

11/28/22

PRESENTING CLINICAL SIGNS

History: History: Recheck holter. Jazzie initially presented in January of 2022 with a chief complaint of VPC's noted during induction for her spay. She was given buphenorphine, dexdomitor, propofol and isoflurane. Her echo in January was read out as normal with a normal EKG. A holter was placed in June (MML) showing single, monomorphic VPC's and she was started on sotalol. A repeat holter in August read by Keith Blass revealed a stable EKG with no med changes. Jazzie is doing well. Holter results (KB) 129 VPCs, singles only

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:53h
Mean heart rate	59bpm
Maximum heart rate	250bpm
Minimum heart rate	31bpm
VPCs	65
APCs	

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. VPCs persist, although the frequency is low and no tight couplets are seen. Frequent ventricular escape beats are noted with periods of bradycardia. Occasional blocked P waves.

Rhythm diagnosis: Sinus rhythm with persistent VPCs; presumably good control.

RECOMMENDATIONS

Sinus rhythm with apparently stable ventricular arrhythmias. The numeric count is decreased compared to the prior study, with no tight couplets appreciated. Frequent ventricular escape beats are noted, which are a normal response to bradycardia. No additional issues are identified.

This is considered a positive response to the medication, with reasonable control. Continued sotalol is recommended as prescribed. As mentioned in the prior report, dual therapy may be superior with mexilitene; however, in a 1.5 yo dog without symptoms this may be of debatable benefit. It is important to note that even in human trials, anti-arrhythmics have not been shown to prevent sudden death in these patients, and high risk will unfortunately persist. Activity/stress restriction is advised lifelong while maintaining QOL.

Monitor for any significant lethargy or collapse in the patient while going forward.

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

Given the breed, most arrhythmias resolve after 2 years of age. Consider a repeat holter in 6-12 months to determine if discontinuing the medication is reasonable.

Plan: Continue Sotalol as prescribed.

A ECG/holter monitor/BP/echocardiogram is recommended in 6-12 months, sooner if episodes of collapse occur.



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IMAGES



Escape couplets

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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