



PATIENT

Pete Iversen

PRESENTING CLINICAL SIGNS

History: Arrhythmia on PE. Out of breath.

SPECIES

Canine

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

BREED

Shepherd Mix

Time analyzed	23:58h
Mean heart rate	139bpm
Maximum heart rate	251bpm
Minimum heart rate	94bpm
VPCs	11475; 757 singles, 195 pairs, 985 runs of VT
APCs	1 pair

SEX

Male Neutered

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Frequent ventricular arrhythmias throughout; singles, couplets and runs of VT seen. Periods of AIVR (HR <160bpm). A single atrial premature couplet is noted.

AGE

10 years

Rhythm diagnosis: Sinus rhythm with malignant ventricular arrhythmias; salvos of VT.

WEIGHT

76 lbs

RECOMMENDATIONS

Sinus rhythm with frequent ventricular arrhythmias. While the frequency is notable, the findings of couplets and runs of VT are what are highly concerning. This is considered an unstable rhythm, and initiation of anti-arrhythmic therapy is advised. Given the breed, this may be a primary arrhythmic issue; however, **screening for DCM phenotype is strongly recommended**. Pending results (ie if DCM is not present), further evaluation may be warranted such as screening for systemic disease/neoplasia, etc.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

Ideally an echocardiogram should be performed prior to institution of medications. If systolic function is poor, this may alter choice of anti-arrhythmic. If not possible or declined, recommend sotalol with close monitoring for any signs of intolerance at home (lethargy or collapse). A baseline HR/BP is advised prior to initiation of Sotalol, as if the patient becomes symptomatic knowing the baseline is important. Watch for any significant lethargy or collapse in the patient while initiating the medication. Ensure that the sinus resting heart rate is not significantly decreased by the medication, particularly should any symptoms develop. 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.

IMAGING PERFORMED BY

HOSPITAL NAME

Rockaway AH

Monitor for any significant lethargy or collapse in the patient while going forward, and particularly while initiating the medication. 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.

REFERRING VET

Dr. Maniar

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

Plan: Highly recommend an echocardiogram as the next step. If declined, a baseline BP is recommended. Institute sotalol 40mg PO q12h. Recheck ECG and/or holter monitor (gold standard) and HR/BP in 3-4 weeks to assess response.

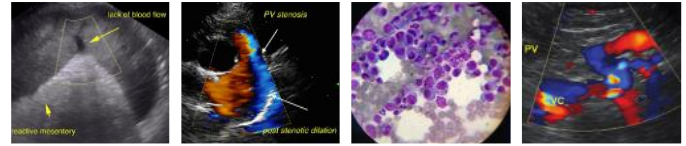
INVOICE

27299

Monitor at home for collapse, exercise intolerance, and/or lethargy. Once on the medication, a recheck ECG/holter monitor/BP is recommended in 6 months, sooner if episodes of collapse occur.

DATE

11/7/22



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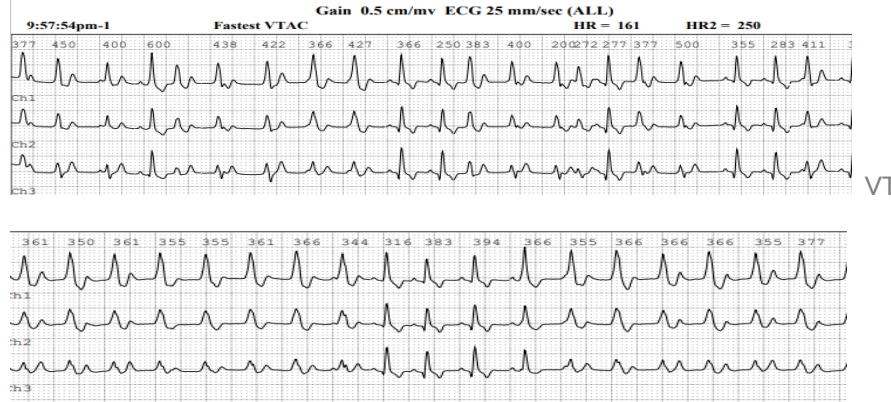
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IMAGES



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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