



PATIENT

Hudson McCracken

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

11 y

WEIGHT

61.2 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristin Potenzzone

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzzone

INVOICE

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Experiencing collapsing episodes. Receiving diltiazem 30 mg TID.

HOLTER MONITOR FINDINGS

Recording time: 24 hours, 11 minutes

Mean heart rate: 103 bpm

Maximum heart rate: 288 bpm

Minimum heart rate: 32 bpm

Rhythm: Normal sinus rhythm with rare ventricular ectopy, occasional supraventricular ectopy and rare 2nd-degree AV block

Ventricular ectopy:

Total: 23 beats

VPCs: 4

Couplets: 2

Triplets: 0

Total runs: 2 (longest 6 beats at 140 bpm – AIVR)

Escape beats: 5

Supraventricular ectopy:

Total: 498

APCS: 358

Couplets: 22

Total runs: 17 (longest 14 beats at 276 bpm)

The summary above is an accurate representation of the Holter recording. The average heart rate is slightly elevated for a dog in the home environment. The underlying rhythm is normal sinus rhythm. There are rare single VPCs, as well as two ventricular couplets and two paroxysms of an accelerated idioventricular rhythm (AIVR). There are occasional APCs, as well as 22 atrial couplets and 17 runs of atrial tachycardia, the longest of which was 14 beats, while the fastest was 288 bpm. There was also rare 2nd-degree AV block, and three pauses longer than 5 seconds in the middle of the night when Hudson was presumably sleeping.

ASSESSMENT/RECOMMENDATIONS

Hudson's Holter monitor does demonstrate the presence of multiple arrhythmias, though none of them are severe and none occurred during the time periods that Hudson reportedly collapsed in his event log. As such, it's possible that there could be another cause of the episodes, such as a vasovagal reflex, pulmonary hypertension, or myocardial dysfunction.

As only rare ventricular ectopy is present, therapy to treat it does not appear to be necessary at this time. Hudson did have seventeen short runs of supraventricular (atrial) tachycardia, therefore, an increase in his diltiazem dose to 45 mg TID appears to be warranted. Avoidance of strenuous activity is recommended.

An echocardiogram is recommended to evaluate for the presence of myocardial dysfunction and/or



PATIENT

pulmonary hypertension

Hudson McCracken

A recheck ECG is recommended in two weeks. A recheck Holter monitor is recommended in 6 months.

SPECIES

Canine

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

BREED

Mixed

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.

SEX

MN

Keith Blass, DVM, MS, DACVIM (Cardiology)

AGE

11 y

info@SonoPath.com

WEIGHT

61.2 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kristin Potenzzone

HOSPITAL NAME

Legacy AH

REFERRING VET

Dr. Potenzzone

INVOICE

DATE

12/30/25