


PATIENT

June Compton

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

11 years

WEIGHT

64 lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY
PRESENTING CLINICAL SIGNS

History: Doing well - much more energy and playful since starting Galliprant 60mg SID.
 Current medications: Pimobendan 10mg BID -Mexilitine 150mg TID -Sotalol 20mg BID -Taurine 1000mg BID -DES 1mg SIW -Galliprant 60mg SID
 Pertinent previous echo findings (MML 8/2021): LA/LV dilation with dysf, mild MR/TR, AIVR suspected; sotalol started prior to 2020

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:38h
Mean heart rate	69bpm
Maximum heart rate	152bpm
Minimum heart rate	32bpm
Ventricular ectopy	1764; 1571 singles, 86 pairs, 6 runs (range 75-180bpm)
Atrial ectopy	2042; 2039 singles, 1 run (198bpm)

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Ventricular ectopy throughout; no consistent coupling interval without obvious prematurity (most consistent with AIVR). APCs noted, with a brief 3 beat run of SVT (9:39am)

Rhythm diagnosis: Sinus rhythm with AIVR, APCs and brief SVT.

RECOMMENDATIONS

Overall the findings are similar to what is seen on historical screening ECGs in this patient (ie no true VPCs/VT noted since MML initial evaluation in Jan 2020). The ventricular arrhythmias identified do not appear malignant, without a rapid heart rate or hemodynamic consequence. Brief SVT is somewhat surprising, although overall is of low consequence as well. No additional issues are identified.

Going forward, the patient continues to do well and it is reasonable to continue the medications as prescribed. If there are any clinical signs that develop such as syncope or acute lethargy, immediate reassessment is advised to ensure treatment is appropriate.

Reassess echo and holter or ECG in 6 months, sooner if clinical signs arise in the interim.

HOSPITAL NAME

Mass Vet Services

IMAGES

REFERRING VET

Dr. Masloski

INVOICE

22289

DATE

12/6/21

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



PATIENT

can be of any further assistance please contact me.

June Compton

Maggie Machen Lamy, DVM

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