


PATIENT

Gilly Gada

PRESENTING CLINICAL SIGNS

History: Intermittent cough with excitement. Echo (EL 2/4/22) nsf; however, a periodic arrhythmia was noted.

Current medications: None

SPECIES

Canine

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT
BREED

Havanese

Time analyzed	23:31h
Mean heart rate	69bpm
Maximum heart rate	211bpm
Minimum heart rate	40bpm
VPCs	0
APCs	130; 27 singles, 11 runs of SVT 300bpm

SEX

FS

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. With periods of excitement as noted on the diary, brief runs of paroxysmal SVT appreciated up to 300bpm. Occasional sinus tachycardia while sleeping; otherwise NSF.

AGE

2019

Rhythm diagnosis: Sinus rhythm with paroxysmal SVT; non-sustained.

WEIGHT

8 lbs

RECOMMENDATIONS

The majority of the tracing is unremarkable with normal heart rate and rhythm. There are however occasional APCs, and brief paroxysms of SVT/atrial with excitement/activity. SVT is an umbrella term indicating a narrow complex tachycardia arising from above the AV node with an atrial tachycardia is most likely.

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

Given a normal echocardiogram, there is no clear structural cause for this abnormality. The most likely scenario is that this is a primary arrhythmic issue in a relatively young dog, with potentially an underlying anomaly such as an accessory pathway. Full systemic evaluation is recommended to ensure no exacerbating issues are brewing (such as neoplasia, GI inflammation, etc); however, in a 3yo animal this is unlikely. Fortunately SVT tends to be less malignant than a VT; however, any arrhythmic patient is at risk for syncope and sudden death which must be stated. That being said, the findings in this holter are mild and non-sustained and the patient is asymptomatic.

IMAGING PERFORMED BY

Going forward, there are several options in this asymptomatic dog. First would be to simply recheck the heart rhythm in 6-12 months, sooner if any syncope or acute lethargy are noted in the interim. An alternative option would be refer for advanced arrhythmia evaluation, starting with a 6+ lead tracing. This could be performed with a local cardiologist, or potentially with an EP specialist (academic institution or similar). The reason for this would be to determine the likely underlying cause if any (such as an accessory pathway), and determine if advanced treatment such as ablation would be indicated to prevent further issues.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Without further information, lifelong use of an anti-arrhythmic is not recommended at this time. What is seen here is mild; however, if the patient develops any syncope in the future or sustained arrhythmias are seen on follow up ECG/holter monitoring, this will certainly change.

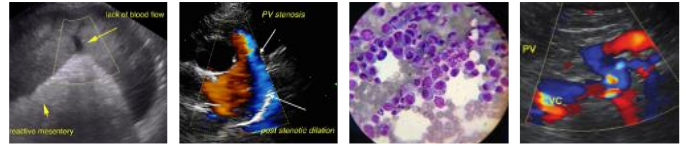
INVOICE

22581

Omega fatty acid supplementation may be of some long term benefit in arrhythmic animals. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Given that the SVT is primarily with excitement, mild lifelong activity restriction is advise.

DATE

2/14/22



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Plan: Consider systemic evaluation as discussed. Consider referral v monitoring as discussed.

SPECIES

Canine

If referral is declined, recheck echocardiogram in 1 year; recheck ECG/holter in 6-12 months, sooner if any clinical signs are noted.

BREED

Havanese

IMAGES



SVT

SEX

FS

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.

AGE

2019

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.

WEIGHT

8 lbs

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