


PATIENT

Teakah Gotch-Mitchell

PRESENTING CLINICAL SIGNS

 History: Routine screening holter.
 Current medications: None
 Recent echo showed moderate DCM with mild LAE.

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

6 years

WEIGHT

30kgs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY
HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:56h
Mean heart rate	77bpm
Maximum heart rate	234bpm
Minimum heart rate	32bpm
VPCs	10466 incl 14 pairs, 3 runs
APCs	

Interpretation: Underlying normal sinus rhythm with apparently appropriate rate variation (no diary included). Max heart rate is sinus in origin. Occasional sinus arrest while presumably sleeping. VPCs throughout; monomorphic. Primarily singles; however, couplets and brief runs of VT noted. No supraventricular beats appreciated.

Rhythm diagnosis: Sinus rhythm with malignant ventricular arrhythmias.

RECOMMENDATIONS

Sinus rhythm with frequent ventricular arrhythmias. While the frequency is notable, the findings of couplets and occasional 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, and echo findings this suggests the arrhythmic form of DCM is also present.

Sotalol is recommended in this patient as below. 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.

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

HOSPITAL NAME

Cedarview AH

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

Plan: Institute sotalol 1-2mg/kg q12h. Recheck ECG and/or holter monitor (gold standard) and HR/BP in 2-4 weeks to assess response.

REFERRING VET

Dr. Gumley

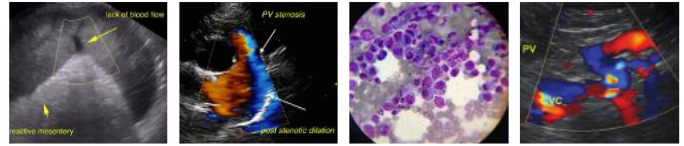
Monitor at home for collapse, exercise intolerance, and/or lethargy. Once on the medication, a recheck ECG/holter monitor/BP/echocardiogram is recommended in 6 months, sooner if episodes of collapse occur.

INVOICE

29185

DATE

2/21/23



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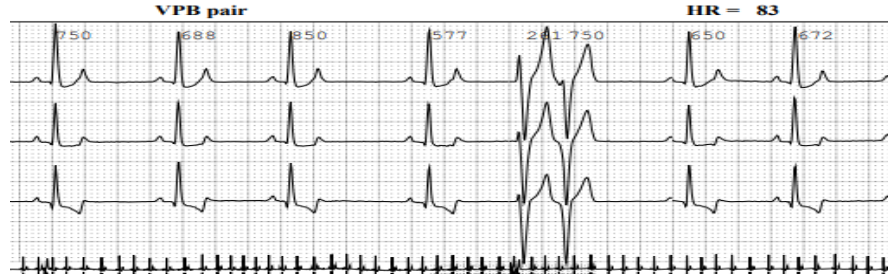
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IMAGES



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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