
PATIENT

Kava Ohnemus

PRESENTING CLINICAL SIGNS

 History: Two recent syncopal episodes. Arrhythmia noted. Echo normal 2-9-26.
 DIARY: none.

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

14 years

WEIGHT

74.3 lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY
HOSPITAL NAME

Healing Spirit AWC

REFERRING VET

Dr. Green

INVOICE

47002

DATE

2/26/26

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:34h
Mean heart rate	118bpm
Maximum heart rate	234bpm
Minimum heart rate	70bpm
VPCs	1
APCs	13720 singles, 3515 pairs, 3735 runs

Interpretation: Underlying normal sinus rhythm with a wide inverted QRS morphology and inverted complexes. Frequent atrial Tachycardia is noted (AT); acute increase in heart rate with acute termination. Several runs with heart rates as high as 230bpm. Frequent APCs are noted.

Rhythm diagnosis: Sinus rhythm with a right bundle branch block. Frequent sustained run of atrial tachycardia, APCs and a single VPC.

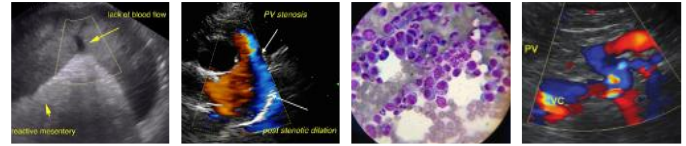
RECOMMENDATIONS

Significant supraventricular arrhythmias are observed, with salvos of an SVT which is likely an atrial tachycardia (AT). AT is an umbrella term indicating a narrow complex tachycardia arising from within the atrial tissue. AT tends to be more benign than a ventricular tachycardia; however, sustained AT can lead to signs such as lethargy or collapse. While a primary arrhythmic issue may be possible, a systemic issue can also lead to this development. Full systemic screening is recommended (CXR, AUS, labs, etc). The sinus beats do show a bundle branch block is also present, resulting in a wide QRS of both the sinus and ectopic beats.

Given the significance of the findings in a syncopal patient, recommend initiating diltiazem as below. 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.

Plan: Consider full systemic screening. Recommend institute Diltiazem 1-2mg/kg PO q8h and reassess an ECG or ideally a holter in 2-4 weeks.

Once the rhythm is controlled, reassess a holter in 6 months, sooner if any syncope or additional clinical signs arise.



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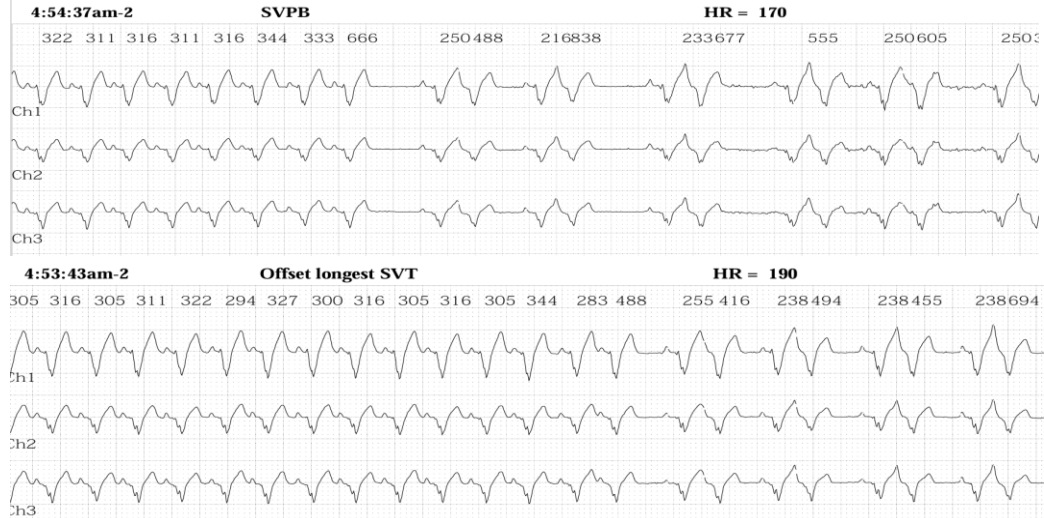
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IMAGES



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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