


**PATIENT**

Sunny Arntzen

**PRESENTING CLINICAL SIGNS**

 History: Arrhythmia on exam while systemically ill (HGE signs).  
 Current medications: None

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Male Neutered

**AGE**

2008

**WEIGHT**

19.5 lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**
**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

22412

**DATE**

2/7/22

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

Time analyzed	23:57h
Mean heart rate	76bpm
Maximum heart rate	216bpm
Minimum heart rate	39bpm
VPCs	49; runs of VT
APCs	0

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Frequent escape beats with prolonged diastole which is normal. Occasional premature ventricular beats. Runs of ventricular tachycardia with irregular rhythm; max HR 250bpm. Suspect occasional AIVR (ventricular rhythm with HR <180bpm).

Rhythm diagnosis: Sinus rhythm with ventricular arrhythmias.

**RECOMMENDATIONS**

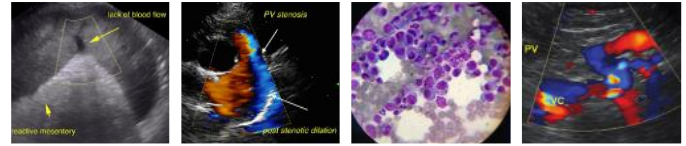
Underlying sinus rhythm with multiform ventricular arrhythmias. The majority of the ventricular beats are NOT premature, with AIVR and escape foci firing. That being said, while presumably sleeping there is a short runs of ventricular tachycardia (HR 250bpm) which are of much greater concern. Given these findings and the reported history I am concerned for malignant arrhythmias secondary to systemic pathology and do recommend Sotalol as below. This may be a conservative approach with this degree of abnormality (ie no sustained VT seen); however, this would be the safest approach. A baseline echocardiogram is ideally indicated to ensure no additional issues are present warranting therapy.

A baseline HR/BP is advised prior to initiating Sotalol, as if the patient becomes symptomatic knowing the baseline is important. 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. Mild activity/stress restriction is advised.

Monitor for any significant lethargy or collapse in the patient while going forward, and particularly while initiating the medication. Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily).

Plan: An echocardiogram is recommended. Institute sotalol 10mg PO q12h (compounding is necessary). Recheck ECG and/or holter monitor (gold standard) and HR/BP in 2-4 weeks to assess response.

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



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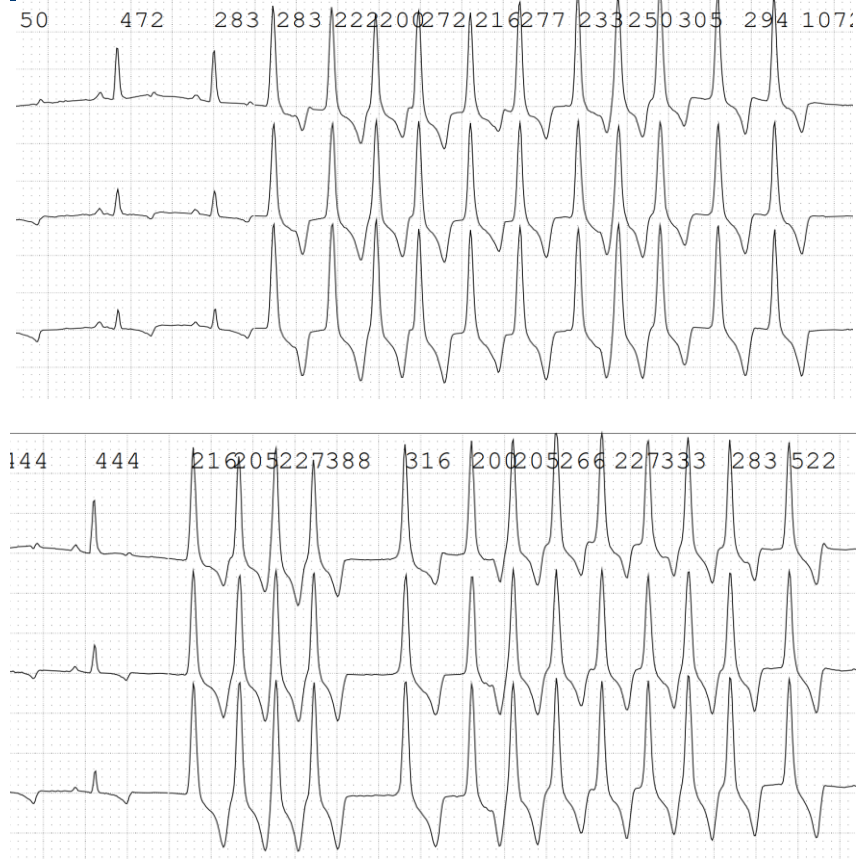
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**IMAGES**



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**  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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