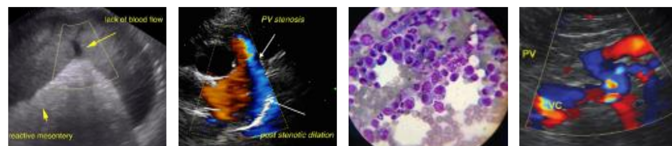
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Max Blinder

SPECIES

Canine

BREED

Goldendoodle

SEX

Male Neutered

AGE

7 years

WEIGHT

53

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23263

DATE

3/24/22

PRESENTING CLINICAL SIGNS

History: Arrhythmia noted 2/22. ECG showed polymorphic ventricular arrhythmias; singles/couplets/triplets. Echo at rDVM showed equivocal LVE, mild MR. Started on Sotalol 30mg q12h. Doing well at home, no symptoms. AUS nsf.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:51h
Mean heart rate	60bpm
Maximum heart rate	220bpm
Minimum heart rate	28bpm
VPCs	5359; 4452 singles, 419 pairs, occasional triplets
APCs	0

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Frequent VPCs are seen throughout; monomorphic with a LBBB morphology. Couplets, triplets and brief salvos of VT are seen throughout; appear independent of activity.

Rhythm diagnosis: Sinus rhythm with poorly controlled ventricular arrhythmias.

RECOMMENDATIONS

Sinus rhythm with frequent ventricular arrhythmias persists throughout the holter. While the frequency is notable (>5,000 in 24 hours), the couplets and runs of VT are highly concerning.

When addressing arrhythmias, we must consider why the arrhythmia may be happening in addition to what treatment (if any) is indicated.

Regarding the cause, in an atypical breed primary versus secondary issues are both possible. The AUS is reportedly unremarkable. The echocardiogram reports mild changes; however, this is difficult to interpret second hand. Primary arrhythmias are possible (such as ARVC), which is a rule out diagnosis.

Based upon what is seen here, dual therapy with Mexilitene is recommended. Ideally a repeat holter is recommended in 2-4 weeks to assess response.

Unfortunately there is always an elevated risk for collapse and sudden death in any arrhythmic patient, and even on medications this risk unfortunately still persists.

Monitor at home for collapse, exercise intolerance, and/or cough. Mild activity restriction is advised in arrhythmic patients.

Anesthesia is not advised.

Plan: Recommend institution of mexilitene 5-7mg/kg PO q8h. Continue sotalol 30mg PO q12h. Reassess ECG or holter in 2-4 weeks (ie resolution or at least dramatic improvement in the frequency of the arrhythmia would be expected).

A recheck echocardiogram, ECG/holter is recommended in 6 months to assess for progression, sooner if collapse develops.

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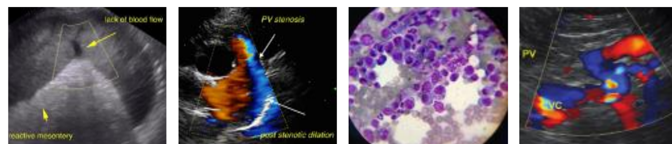

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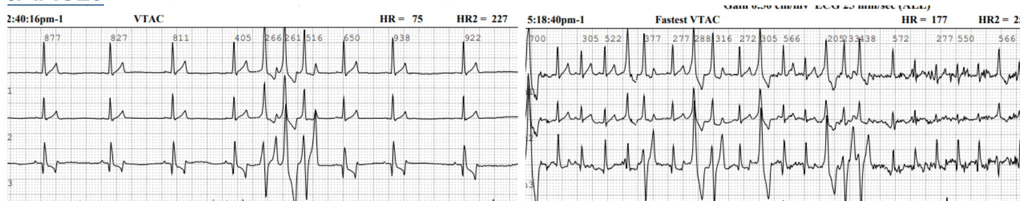
IMAGES



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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