


PATIENT

Inca Reiss

PRESENTING CLINICAL SIGNS

History: Arrhythmia. Grade II murmur. Chronic cough.

 Current medications: Benazepril 10mg sid, Gabapentin 100mg bid, Theophylline 100mg bid
 Pertinent echo findings (EL 2/27/23): NSF; minor TR 3m/s early PAH. Arrhythmia noted.

SPECIES

Canine

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT
BREED

Lab Mix

Time analyzed	23:50h
Mean heart rate	88bpm
Maximum heart rate	189bpm
Minimum heart rate	59bpm
VPCs	5844; 2 pairs
APCs	119; 6 pairs, 12 runs of SVT

SEX

FS

AGE

2009

WEIGHT

96 lbs

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Frequent VPCs throughout. VPCs are primarily RBBB morphology, indicative of an LV origin however some polymorphism is noted. Rare tight polymorphic couplets. No VT. Occasional escape rhythm (normal response to bradycardia). There are also APCs seen, with brief paroxysms of SVT. SVT is regular with a rapid onset.

Rhythm diagnosis: Sinus rhythm with frequent VPCs; singles and couplets. Brief ventricular bigeminy. Isolated APCs with brief paroxysmal SVT; suspect atrial tachycardia.

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Complex arrhythmia with both supraventricular and ventricular ectopy. Over 5000 VPCs in 24 hours are identified, with some markers of malignancy (polymorphism, couplets). Additionally there is a significant supraventricular arrhythmia with brief yet rapid SVT as well suspected to reflect atrial tachycardia.

IMAGING PERFORMED BY

At this time the cause of the arrhythmia is open. Primary conduction issues are suspected, given a lack of significant structural disease on echo. Screening for systemic illness/neoplasia is recommended as a possible contributing factor.

HOSPITAL NAME

Legacy AH

Given the complexity of the findings, recommend sotalol in this patient as below. A baseline BP is advised prior to initiating. 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.

REFERRING VET

Dr. Potenzzone

Fish oil supplementation is recommended for dogs with arrhythmias (500-1000mg of omega 3 and 6 once to twice daily).

Plan: Baseline BP recommended. Institute sotalol 1-2mg/kg PO q12h. Recheck ECG and/or holter monitor and BP in 2-4 weeks to assess response (sooner if any decline or syncope). It is unclear why an ACEI is being administered, as there is no cardiac indication for it's use.

INVOICE

29939

Monitor at home for collapse, exercise intolerance, and/or lethargy.

DATE

3/29/23

Once on the medication, a recheck ECG/holter monitor/BP is recommended in 6 months, sooner if episodes of collapse occur.

