



**PATIENT**

Bootzie Brannin

**PRESENTING CLINICAL SIGNS**

History: Collapsing at home. Shaking head.

**SPECIES**

Feline

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

**BREED**

DSH

Time analyzed	20:44h
Mean heart rate	172bpm
Maximum heart rate	263bpm
Minimum heart rate	118bpm
VPCs	Slow ventricular foci firing throughout; singles, couplets and short runs- HR 125bpm
APCs	0

**SEX**

FS

**AGE**

16 years

Findings: Underlying normal sinus rhythm. No diary is provided, making HR interpretation limited. Max heart rate occurs at 5pm and appears sinus in origin. An infrequent ventricular rhythm is seen, firing when the sinus rate slows slightly. The ventricular rate is slow; average 125bpm with AV dissociation. No true premature beats or tachyarrhythmias are appreciated.

**WEIGHT**

6 lbs

Interpretation: Underlying normal sinus rhythm. Rare AV dissociation with a slow ventricular rhythm.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**RECOMMENDATIONS**

The primary abnormality identified is an infrequent bradycardia that is ventricular in origin. This fires when the sinus node slow, and is brief and rare in nature (longest 'run' 7 beats in length). This is a conduction disorder in older cats, likely suggesting sinus node dysfunction. What is seen here is unlikely to cause clinical signs, as it is brief and short in nature. That being said, if the rhythm is occurring with more frequency or for longer periods of time, and happens to develop in a time of activity then syncope could result. This is difficult to prove, especially in a senior cat with potentially other issues that may lead to collapse. Even if we were certain this was the primary cause of collapse, treatment options are limited to epicardial pacemaker implantation.

**IMAGING PERFORMED BY**

Consider further evaluation such as an echocardiogram, full systemic work up, BP, etc. Referral to a local Cardiologist for evaluation is recommended for advanced arrhythmia assessment and consultation.

**HOSPITAL NAME**

Rockaway AH

If declined, reassess holter in 4-6 months to screen for progressive changes.

**IMAGES**

**REFERRING VET**

Dr. Maniar



**INVOICE**

29396

**DATE**

3/6/23



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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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