



**PATIENT**

Nash Clegg

**SPECIES**

Canine

**BREED**

Bull Mastiff

**SEX**

Male Neutered

**AGE**

2011

**WEIGHT**

97 lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Blairstown AH

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Clegg

**INVOICE**

23003

**DATE**

3/9/22

**PRESENTING CLINICAL SIGNS**

History: Arrhythmia noted in January during pre-anesthetic screening for limb CT. Echo showed CVD B1. Holter showed paroxysmal SVT; Rx diltiazem 45mg TID (KB)  
Current medications: Diltiazem 45mg TID, gabapentin, amantidine, rimadyl

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

Time analyzed	23:54h
Mean heart rate	81bpm
Maximum heart rate	216bpm
Minimum heart rate	38bpm
VPCs	31; 21 premature, 4 escapes
APCs	7687; 761 singles, 152 couplets, 612 runs

Interpretation: Underlying normal sinus rhythm with presumably appropriate rate variation (diary not included). Occasional 2<sup>nd</sup> degree AV block. A brief run of ventricular rhythm is noted at 2:58am; HR 180bpm. Persistent frequent supraventricular arrhythmias, with singles, couplets and runs noted (>250bpm).

Rhythm diagnosis: Sinus rhythm with persistent supraventricular arrhythmias.

**RECOMMENDATIONS**

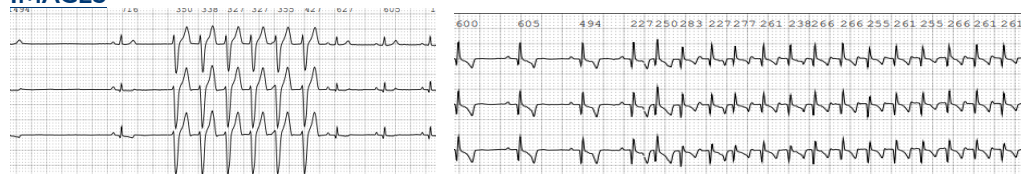
Compared to the prior holter, there is improvement in the frequency of SVT. Total count of SV beats is reduced from 67k to 7k; runs of SVT from 5k to 600 total. The resting heart rate is slightly lower than previous, and the max HR is improved. Of some concern is a brief ventricular rhythm is noted presumably while sleeping; however, the HR is <180bpm making this more consistent with AIVR than a true VT. Follow up is advised.

While any improvement is encouraging, this monitor still shows a significant amount of inappropriate tachycardia. Based upon this, recommend a dose adjustment as below given that the current dose is on the low end of the range. Ideally another holter would be performed in 2-4 weeks, although if declined a recheck in 6 months is also reasonable so long as the patient is doing well at home. Discussion with the owner is advised.

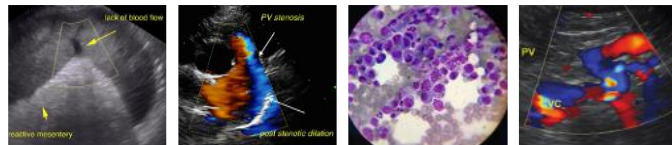
Any patient with arrhythmias carries risk for syncope and sudden death and unfortunately this risk persists despite therapy. Mild lifelong activity restriction is advised.

Plan: Increase Diltiazem to 90mg PO q8h. Recheck holter in 2-4 weeks, sooner if any clinical issues arise. Reassess in 6 months going forward.

**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.



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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)**  
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