


**PATIENT**

June Compton

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

FS

**AGE**

12 years

**WEIGHT**

68 lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

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

 Mass Veterinary  
 Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

30140

**DATE**

4/10/23

**PRESENTING CLINICAL SIGNS**

History: June had a collapse episode Sunday 4/2 when she was attempting to defecate. Other collapse episodes include: 10/13 when elevated dewpoint and chasing porcupine; 10/28 when hanging out with dog friend; 12/8 when ran across field; 1/10 when out for walk; 2/2 when had pain in limb but did not fully go down. June comes out of the episodes rather quickly. During the events, she is breathing heavily with slightly dilated pupils. She is also a bit disorientated afterwards. June continues to eat well with no C/S/V/D/PU/PD. June is having a holter placed today as well.

Current medications: 1) Pimobendan/vetmedin 20mg 1/2 tab twice a day 2) Mexilitine 200mg 1 capsule three times a day 3) Sotalol 80mg 1 tab twice a day 4) Taurine 1000mg twice a day 5) DES 1mg weekly 6) Galliprant 60mg 1 SID 7) Gabapentin 300mg prn

Prior holter results (6/2022 MML): 2271 VPCs with 1 run and 23 pairs (improved from previous)

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

Time analyzed	24:11h
Mean heart rate	63bpm
Maximum heart rate	189bpm
Minimum heart rate	31bpm
VPCs	1549; 18 pairs
APCs	1888 singles, 178 pairs, 21 runs

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. No VT appreciated and the majority of the ventricular beats are NOT premature. Occasional pairs, no R on T (slow VT). Increase in SVT; however, max velocity is 200bpm.

Rhythm diagnosis: Sinus rhythm with relatively controlled ventricular and supraventricular arrhythmias.

**RECOMMENDATIONS**

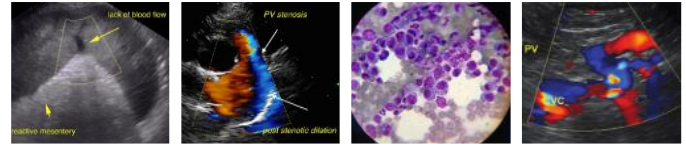
Overall this recording shows continued stability. The ventricular aspect is stable, without sustained or paroxysmal VT. The majority of the single ventricular beats are not premature, and may be a normal response to bradycardia. The APCs have increased comparatively; however, these are considered significantly less life threatening and unlikely to cause clinical signs.

We have noted a low resting heart rate in this case previously, which certainly persists here. No collapse episodes were captured with the monitor in place, and there does appear to be reasonable HR stimulation present. No change is recommended at this time.

It is important to note that this is considered end-stage/refractory arrhythmic disease, and this patient's QOL is of the utmost importance. Sudden death remains a possibility in this patient, which should be expressed to the owner.

Plan: Continue all medications as prescribed. Continue to monitor for syncope, lethargy as previously recommended.

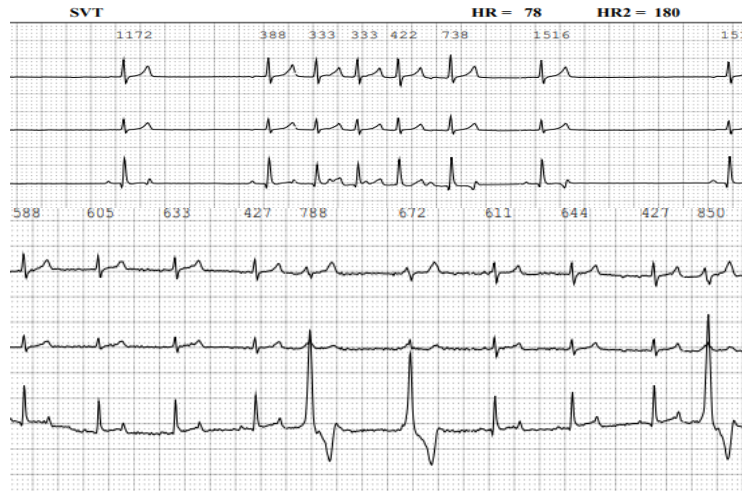
Reassess echo and holter or ECG in 6 months, sooner if clinical signs arise in the interim.



**PATIENT**

June Compton

**IMAGES**



**SPECIES**

Canine

**BREED**

Labrador

**SEX**

FS

**AGE**

12 years

**WEIGHT**

68 lbs

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.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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

**IMAGING PERFORMED BY**

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

30140

**DATE**

4/10/23