

PATIENT

Princess Sciarrino

SPECIES

Canine

BREED

GSP

SEX

FS

AGE

13 years

WEIGHT

42 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

47630

DATE

4/17/26

PRESENTING CLINICAL SIGNS

History: CVD stage C, history of APCs/VPCs and bigeminy

Current medications:

1) Trilostane/vetoryl 30mg 1 capsule with food daily 2) Lasix/furosemide 20mg 1.5 tabs twice a day 3) Ursodiol/actigal 250mg 1 tab with food daily 4) Pimobendan/vetmedin 15mg 1/3 tab twice a day 5) Spironolactone 25mg 1 tab twice a day 6) Benazepril 10mg 1 tab twice a day

DIARY: Included.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	22:16h
Mean heart rate	90bpm
Maximum heart rate	200bpm
Minimum heart rate	44bpm
VPCs	201 singles, 1 pair, 1 triplet
APCs	1594 singles, 84 pairs, 18 runs

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. VPCs and APCs are seen throughout, more significant at times of rest. Abnormal beats are primarily singles, although couplets and one ventricular triplet are seen. The SVT runs that are noted appear short, with the longest run 5 beats in length.

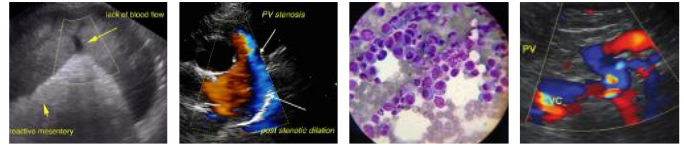
Rhythm diagnosis: Normal sinus rhythm with single, couplet and triplet VPCs and APCs.

RECOMMENDATIONS

The most significant finding is there are single, couplet and triplet abnormal beats noted throughout the tracing. The beats do seem more prominent during times of rest, which is generally a good sign. That being said, couplets and triplets do pose more of a risk for a complication going forward. While this patient does have risk for acute collapse and sudden death, the supraventricular arrhythmias are actually more dominant and pose less imminent risk. Additionally this patient is asymptomatic with no reported collapse episodes at home. Based upon the totality of the findings and underlying severe structural disease, I would not recommend use of an antiarrhythmic at this juncture. That said, APCs and severe valve disease do predispose this patient to development of atrial fibrillation in the future. Monitor for signs of this, such as acute lethargy.

Follow up for structural disease as dictated by the echo report.

A recheck holter is suggested in 6 months.



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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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info@sonopath.com

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