



PATIENT

Nia Waseleski

PRESENTING CLINICAL SIGNS

History: Routine screening.

Current medications: Thyro-tabs

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

2012

WEIGHT

74 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Bertoldo

INVOICE

23720

DATE

4/18/22

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

| | |
|--------------------|--------------------------|
| Time analyzed | 23:57h |
| Mean heart rate | 84bpm |
| Maximum heart rate | 220bpm |
| Minimum heart rate | 42bpm |
| VPCs | 1556; 282 pairs, 30 runs |
| APCs | 32 |

Interpretation: Underlying normal sinus rhythm with presumably appropriate rate variation (no diary provided). Frequent ventricular arrhythmias throughout; singles, couplets and runs of VT seen. Periods of bigeminy and trigeminy. VPCs are primarily RBBB morphology, indicative of an LV origin. Rare APCs.

Rhythm diagnosis: Sinus rhythm with malignant ventricular arrhythmias; salvos of VT.

RECOMMENDATIONS

Sinus rhythm with frequent ventricular arrhythmias. While the frequency is notable, the findings of couplets and occasional runs of VT are what are highly concerning. This is considered an unstable rhythm, and initiation of anti-arrhythmic therapy is advised. Given the breed, this may be a primary arrhythmic issue; however, **screening for DCM phenotype is strongly recommended**. Pending results (ie if DCM is not present), further evaluation may be warranted such as screening for systemic disease/neoplasia, etc.

Ideally an echocardiogram would be performed prior to institution of medications. If systolic function is poor, this may alter choice of anti-arrhythmic. If not possible or declined, recommend sotalol with close monitoring for any signs of intolerance at home (lethargy or collapse). A baseline HR/BP is advised prior to initiation of Sotalol, as if the patient becomes symptomatic knowing the baseline is important. Watch for any significant lethargy or collapse in the patient while initiating the medication. Ensure that the sinus resting heart rate is not significantly decreased by the medication, particularly should any symptoms develop. 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. Activity/stress restriction is advised.

Monitor for any significant lethargy or collapse in the patient while going forward, and particularly while initiating the medication. 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. Activity/stress restriction is advised.

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

Plan: Highly recommend an echocardiogram as the next step. If declined, a baseline BP is recommended. Institute sotalol 40mg PO q12h. Recheck ECG and/or holter monitor (gold standard) and HR/BP in 2-4 weeks to assess response.



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Monitor at home for collapse, exercise intolerance, and/or lethargy. Once on the medication, a recheck ECG/holter monitor/BP is recommended in 6 months, sooner if episodes of collapse occur.

SPECIES

Canine

IMAGES



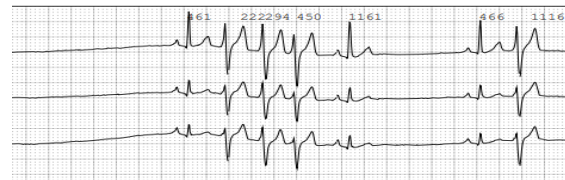
Trigeminy

BREED

Doberman

SEX

FS



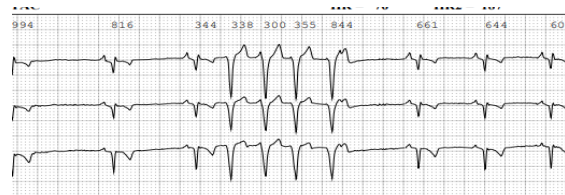
VT

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VT

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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.

IMAGING PERFORMED BY

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

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