

PATIENT

Soul Pazdersky

SPECIES

Canine

BREED

Poodle Mix

SEX

Male Neutered

AGE

12years

WEIGHT

65.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Masloski

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

30397

DATE

4/24/23

PRESENTING CLINICAL SIGNS

History: Soul had a collapse event 4/9 but not since that time. The family has been keeping him quiet since his event occurred after running in the yard. After the incident, Soul was labored with his respirations for a few days. He has also had an increase in his coughing over the past few months as well as an increase in his sneezing. Soul is eating well and would have his normal activity if he was not being restricted. Soul does not have any V/D but may be a bit PU/PD.

Current medications: 1) Pimobendan/vetmedin 5mg 1.5 tabs twice a day 2) Sotalol 80mg 3/4 tab twice a day 3) Carprofen/rimadyl 75mg 3/4 tab daily 4) Dasquin daily 5) Gabapentin 300mg 1-2 times daily 6) snip tips **increased Sotalol dose 4/9

Pertinent echo findings (MML/PAUS 7/2022): VPCs, borderline LVE, mild LAE, mod MR; CVD B1/B2 *Prior ECG in 2021 showed R on T couplets

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	18:26h
Mean heart rate	71bpm
Maximum heart rate	154bpm
Minimum heart rate	36bpm
VPCs	105 singles, 1 pair, occ AIVR
APCs	2 singles

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Infrequent VPCs are seen; some polymorphism is noted. Brief salvos of AIVR (slow ventricular rhythm) with normal ventricular rate. A single tightly coupled pair is seen. Rare (2) APCs. During the reported episode of 'falling,' the heart rate is relatively low (90bpm) without VPCs.

Rhythm diagnosis: Sinus rhythm with rare single VPCs. Brief salvos of AIVR. Occasional APCs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

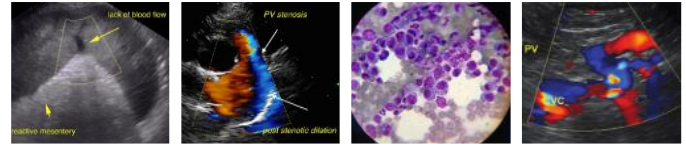
The holter recording is consistent with adequate control. The overall VPC count is low, with primarily singles seen. A single couplet is identified, seen during a brief salvo of AIVR. AIVR is a benign ventricular rhythm with physiologic ventricular rates. Finally, during the reported fall the patient's heart rate is 88bpm and sinus in origin. It is possible that the heart rate was unable to elevate sufficiently to support cardiac output in that moment, although this is speculative.

The dose of sotalol was adjusted after the initial collapse episode, and the holter was recorded after this change. It is likely the prior syncopal episode was ventricular in origin, with improvement since. This is speculative and if the episodes continue to recur reassessing the holter is recommended.

Unfortunately even with apparent stability on anti-arrhythmic medication, the risk for sudden death persists lifelong.

Fish oil supplementation is recommended for arrhythmic patients. Monitor at home for collapse, exercise intolerance, and/or lethargy.

Plan: Continue sotalol as prescribed. Reassess ECG/holter and echocardiogram in 6-12 months, sooner if clinical issues arise.



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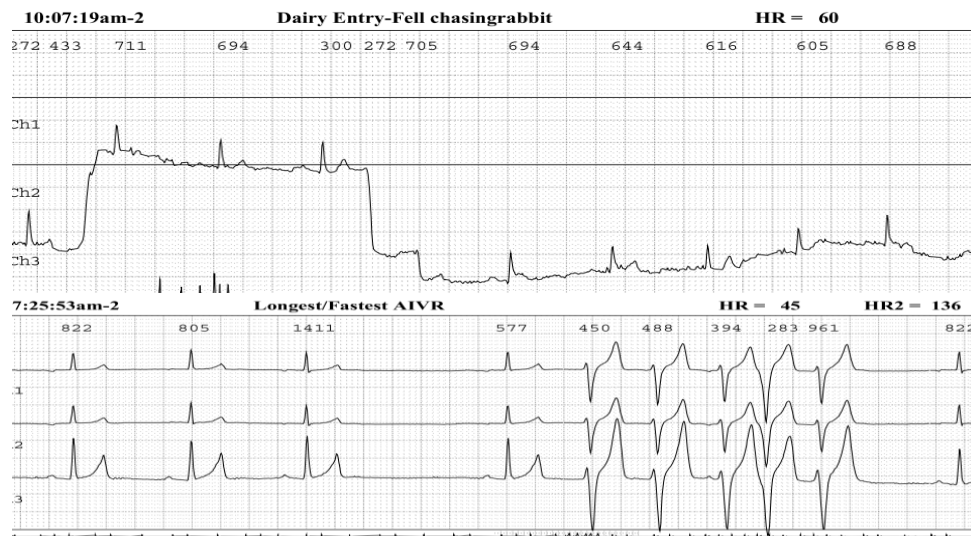
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IMAGES



VPCs



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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