



PATIENT

Abby Leonard

PRESENTING CLINICAL SIGNS

History: Acute collapse after activity.
Echo results (EL 4/26/23): NSF.

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

12 years

WEIGHT

71.5 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

30498

DATE

4/28/23

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:24h
Mean heart rate	99bpm
Maximum heart rate	180bpm
Minimum heart rate	63bpm
VPCs	148 singles
APCs	2 runs; 250-280bpm

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Sinus tachycardia noted; 180bpm. Isolated APCs; singles only. Two runs of sustained SVT (263 and 120 beats in length) with abrupt termination back to a sinus rhythm. A collapse event is noted in the diary at 3:10pm, which correlates with sinus tachycardia (HR 180bpm).

Rhythm diagnosis: Sinus rhythm with two sustained runs of SVT/atrial tachycardia. Isolated VPCs.

RECOMMENDATIONS

The majority of the tracing is unremarkable with normal heart rate and rhythm. Isolated VPCs are noted throughout, that are singles only. Of increased concern, 2 runs of SVT/AT are noted with heart rates as high as 280bpm. What is unusual is the diary is unremarkable during both episodes. The episode of collapse actually occurred with a normal sinus tachycardia on the tracing (see below).

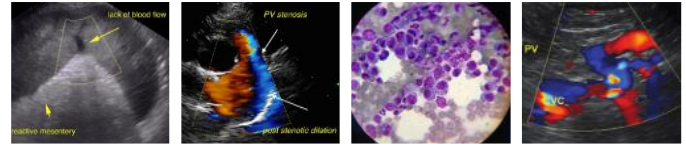
AT is an umbrella term indicating a narrow complex tachycardia arising from within the atrial tissue. AT tends to be more benign than a ventricular tachycardia; however, sustained AT can lead to signs such as lethargy or collapse. While a primary arrhythmic issue may be possible (echo/AUS unremarkable), a primary neurologic issue may be present that is causing both secondary arrhythmias and collapse.

Given these findings recommend Diltiazem at this time as below, as sustained AT warrants treatment independent of symptoms. It is unclear to me if this patient does in fact have any arrhythmogenic syncope however, given that there is NOT correlation with the episode and the arrhythmia. This is unexpected. If the episodes persist despite therapy, **certainly further neurologic evaluation/consultation is recommended with referral for an MRI.**

Omega fatty acid supplementation may be of some long term benefit in arrhythmic animals. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

Plan: Recommend institute Diltiazem 1-2mg/kg PO q8h and reassess a holter in 2-4 weeks to ensure control. If the episodes persist despite treatment of the arrhythmia, highly recommend neuro evaluation/MRI.

Reassess a holter in 6 months, sooner if any worsening in clinical signs.



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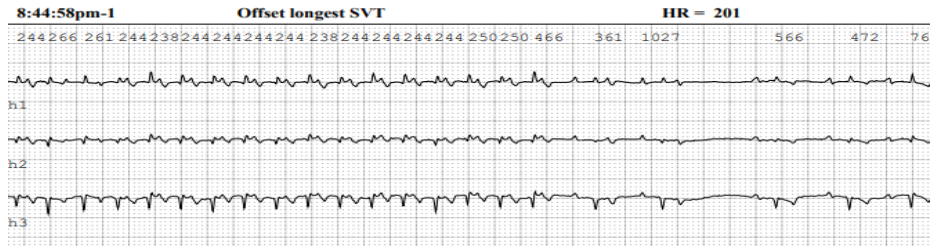
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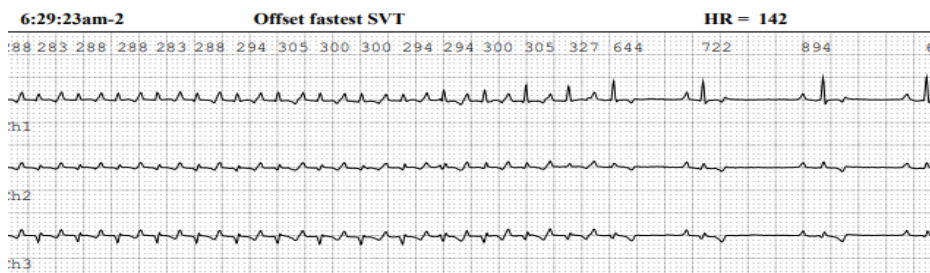
Maggie Machen Lamy,
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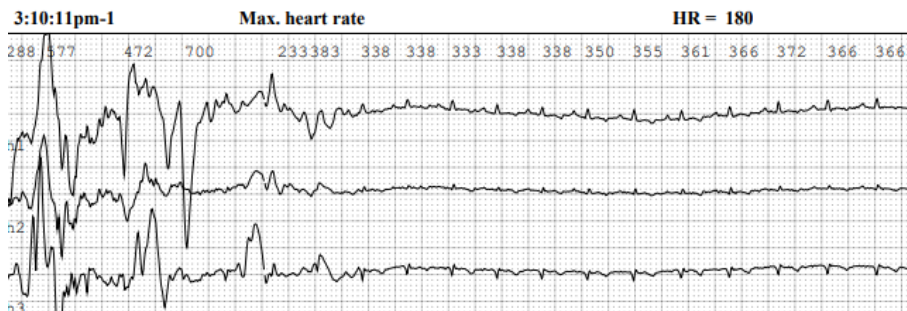
IMAGES



SVT



SVT



Episode

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.

HOSPITAL NAME

Rockaway AH

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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