


PATIENT

Scoobert Hernandez

PRESENTING CLINICAL SIGNS

History: Echocardiogram revealed a ventricular arrhythmia; holter recommended. Scoobert is doing well at home. No collapse episodes. No coughing or labored breathing. Pet has not started sotalol yet. Currently on Pimobendan 10mg po bid
 Abnormal PE/Chem/CBC/UA Results: nsf
 Echo: CVD B2

SPECIES

Canine

BREED

Great Dane Mix

SEX

FS

AGE

10 years

WEIGHT

74

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY
HOSPITAL NAME

 Mass Veterinary
 Services

REFERRING VET

Dr. Masloski

INVOICE

23958

DATE

4/29/22

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:38h
Mean heart rate	94bpm
Maximum heart rate	240bpm
Minimum heart rate	65bpm
VPCs	4313; 5 pairs, 7 runs
APCs	34, 1 pair, 1 run

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Frequent ventricular arrhythmias throughout; singles, couplets and brief runs of VT seen. Periods of bigeminy and trigeminy. VPCs are primarily RBBB morphology, indicative of an LV origin. Some correlation with stress/excitement is suspected based upon enclosed diary. Rare APCs.

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

RECOMMENDATIONS

Sinus rhythm with frequent ventricular arrhythmias persists. 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 and underlying structural disease, there is likely a combination of primary arrhythmia and secondary to structural changes. Full systemic evaluation can be considered to screen for systemic disease/neoplasia, etc.

When initiated, monitoring for any signs of intolerance at home (lethargy or collapse) is recommended. 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. Mild 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: Continue Pimobendan as prescribed. Institute sotalol 1-2mg/kg PO q12h. Recheck ECG and/or holter monitor (gold standard) and HR/BP in 2-4 weeks to assess response.

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



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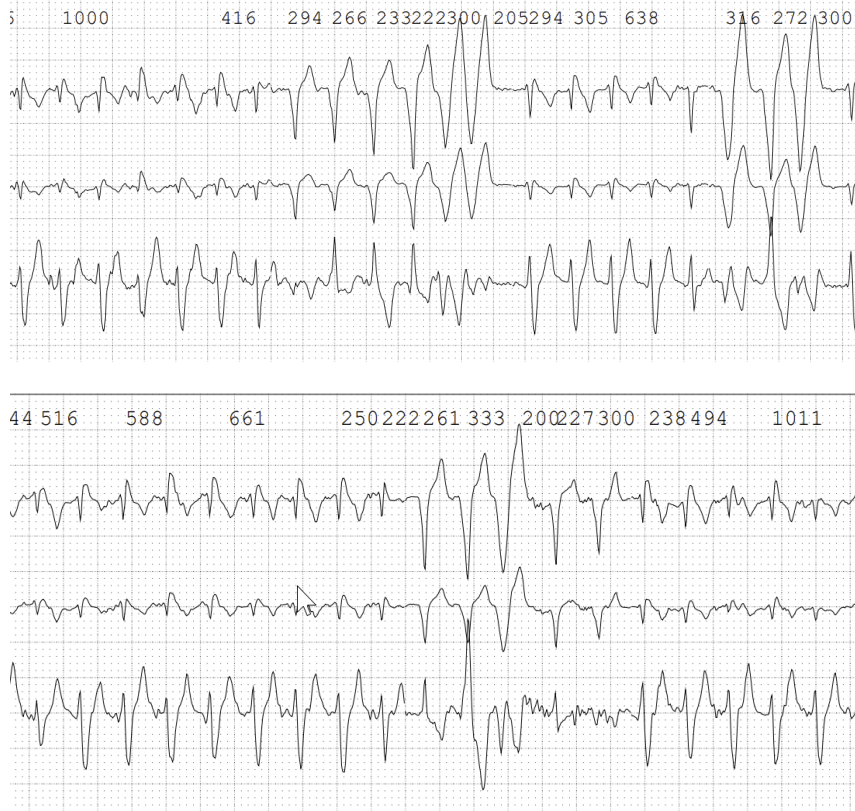
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IMAGES



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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