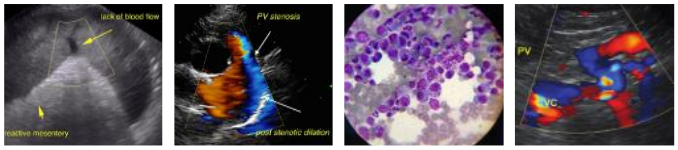
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
June Compton

SPECIES
Canine

BREED
Labrador Retriever

SEX
FS

AGE
12 years

WEIGHT
64 lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME
Mass Vet Services

REFERRING VET
Dr. Masloski

INVOICE
24293

DATE
5/19/22

PRESENTING CLINICAL SIGNS

History: Pet had first collapse episode since 2019. Walking around 5pm and she howled/wailed and collapsed. Eyes were very wide and and he could see her breathing and heart was beating- Took him a minute to get to her but when he did he noticed she was breathing. Pet was up within 1 minute and a little stumbly. Walked back to the house and was breathing a little heavily for about an hour after. Today, seems to be back to normal self 1) Pimobendan/vetmedin 20mg 1/2 tab twice a day 2) Mexilitine 150mg 1 capsule three times a day 3) Sotalol 80mg 1/4 tab twice a day 4) Taurine 1000mg twice a day 5) DES 1mg weekly 6) Galliprant 60mg 1 SID
Pertinent previous echo findings (MML 2/22): LA/LV dilation with dysf, mild MR/TR, AIVR suspected; sotalol started prior to 2020
Prior holter results (12/2021 MML): 1764 VPCs; 1571 singles, 86 pairs, 6 slow runs; 1042 APCs with 1 run (198bpm)

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:57h
Mean heart rate	71bpm
Maximum heart rate	154bpm
Minimum heart rate	39bpm
Ventricular ectopy	6050; 4954 singles, 387pairs, 102 runs; up to 216bpm
Atrial ectopy	1796; 1 run 203bpm (3 beats in run)

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Ventricular ectopy throughout; more prematurity noted compared to previous. Tighter couplets and brief (3 beat) runs of VT; HR 280bpm instantaneous. APCs noted, with a brief a single beat run of SVT.

Rhythm diagnosis: Sinus rhythm with progressive ventricular arrhythmias.

RECOMMENDATIONS

Concern for progressive ventricular arrhythmias. While the overall VPC count is increased 3 fold, what is more concerning is brief rapid VT is noted more frequently. The VPCs (singles) and APCs are similar to previous; albeit more frequent.

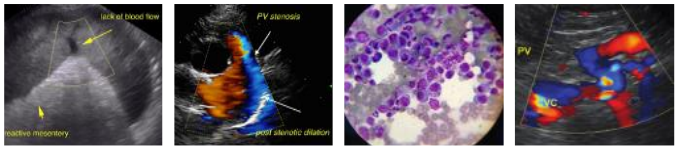
These findings support VT as the likely cause of recurrent syncope. The resting heart rate is reasonable, and it is relatively safe to increase the sotalol dosage as below. Careful monitoring at home is advised, as increasing the dose can actually worse the arrhythmias in rare cases.

If there are any recurrent clinical signs that develop such as syncope or acute lethargy, immediate reassessment is advised to ensure treatment is appropriate. Sudden death is certainly a possibility in this patient, which should be expressed to the owner.

Plan: Increase sotalol to 80mg am, 40mg PM. Continue all other medications as prescribed.
Recheck an ECG or ideally a holter in 2-4 weeks, sooner if any decline in the interim.

Reassess echo and holter or ECG in 6 months, sooner if clinical signs arise in the interim.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

June Compton

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12 years

WEIGHT

64 lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Mass Vet Services

REFERRING VET

Dr. Masloski

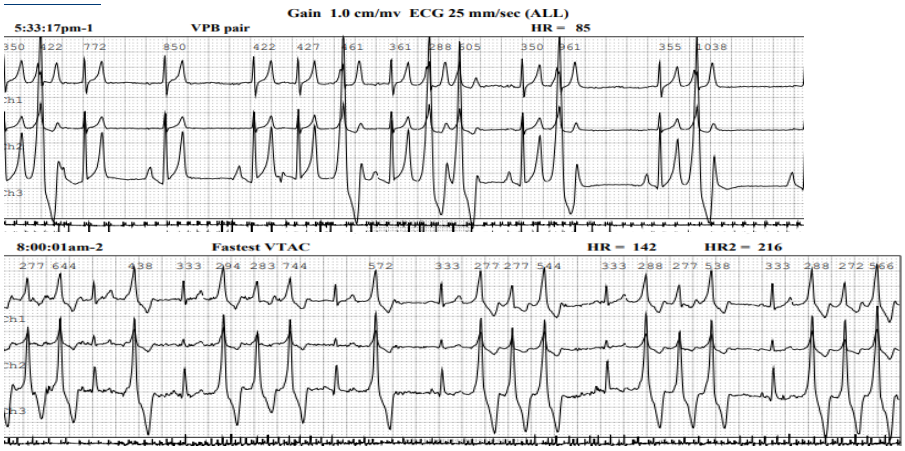
INVOICE

24293

DATE

5/19/22

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com