


**PATIENT**

Stella

**PRESENTING CLINICAL SIGNS**

History: H/O heart murmur. Collapsing started a few years ago; increased frequency recently. Eating well (raw).

Current medications: Pimobendan, Sildenafil

**SPECIES**

Canine

Pertinent echo findings (MML 6/8/22): PAH mod, CVD B1

**BREED**

Australian Cattle Dog

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**
**SEX**

FS

Time analyzed	20:51h
Mean heart rate	102bpm
Maximum heart rate	180bpm
Minimum heart rate	55bpm
VPCs	1349, 165 pairs, 16 runs up to 190bpm
APCs	Runs of SVT up to 250bpm; no APCs

**AGE**

16 years

Interpretation: Underlying normal sinus rhythm with apparently appropriate rate variation. Isolated VPCs are seen throughout; monomorphic. Couplets noted; however the runs of VT are mislabeled. Occasional runs of paroxysmal SVT; HR 250bpm. Ventricular escape foci with bradycardia are noted which is a normal finding. No additional abnormalities are identified.

**WEIGHT**

45

Rhythm diagnosis: Sinus rhythm with single and couplet VPCs and runs of paroxysmal SVT.

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**RECOMMENDATIONS**

Brief runs of paroxysmal supraventricular tachycardia (SVT) are noted, with a heart rate as high as 250bpm. SVT is an umbrella term indicating a narrow complex tachycardia arising from above the AV node with an atrial tachycardia is most likely. Occasional single and couplet VPCs are also noted; however no triplets or polymorphism is appreciated making this likely of less clinical concern. Interestingly the reported collapse in the diary (4:51pm) does not correlate with either abnormality which is difficult to explain.

**IMAGING PERFORMED BY**

These findings are enough to potentially explain reported collapse, particularly with underlying PAH as well. Potentially a combination of the 2 issues is to blame and treating both is recommended. Fortunately SVT tends to be less malignant than a VT; however any arrhythmic patient is at risk for syncope and sudden death. Prognosis is guarded going forward.

**HOSPITAL NAME**

 Mass Veterinary  
 Services

Going forward, it is reasonable to treat this patient with Sotalol given these findings, the history and echo results. Our goal is to decrease the frequency of bouts of tachycardia while maintaining a reasonable sinus rate. This is a slightly conservative approach given only short paroxysms seen; however, a symptomatic patient leads to this decision (this is in addition to Pimobendan and Sildenafil therapy). If the patient has any further episodes despite therapy, full systemic evaluation must be considered. A recheck HR/ECG and/or ideally a repeat holter is recommended in 3-4 weeks to assess response.

**REFERRING VET**

Dr. Masloski

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.

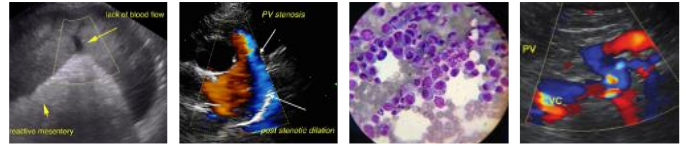
**INVOICE**

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Once the arrhythmia is controlled, anesthetic risk is considered mildly elevated. Avoid ketamine, telazol, dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having diltiazem CRI available for use in the event of worsening supraventricular arrhythmias under anesthesia.

**DATE**

6/13/22



**PATIENT**

Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min).

Stella

**SPECIES**

Plan: Institute sotalol 1-2mg/kg PO q12h. Continue Pimobendan and Sildenafil as recommended. Recheck HR/ECG and/or holter in 3-4 weeks. Consider full systemic work up, particularly should the episodes recur.

Canine

**BREED**

Recheck echocardiogram and ECG and/or holter in 6 months, sooner if any issues arise in the interim.

Australian Cattle Dog

**SEX**

**IMAGES**

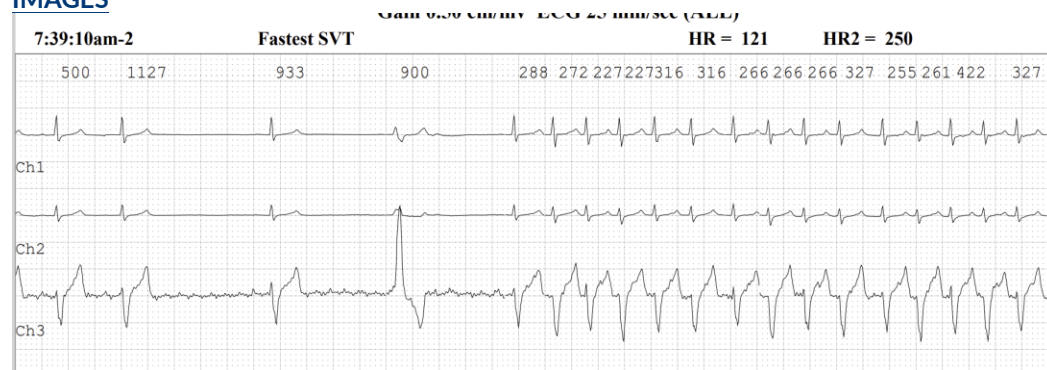
FS

**AGE**

16 years

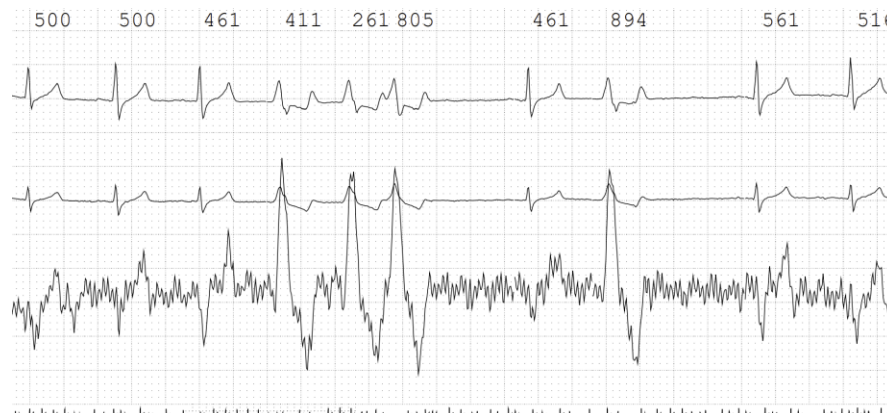
**WEIGHT**

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SVT

**INTERPRETED BY**



Couplet

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**IMAGING PERFORMED BY**

**HOSPITAL NAME**

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.

Mass Veterinary Services

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.

**REFERRING VET**

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

Dr. Masloski

**INVOICE**

24729

**DATE**

6/13/22