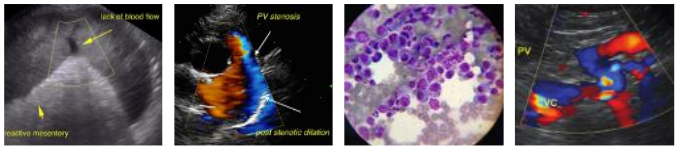
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Oreo Amin

SPECIES
Canine

BREED
Golden Retriever

SEX
Male Neutered

AGE
7yo

WEIGHT
86lbs

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

IMAGING PERFORMED BY

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
31291

DATE
6/13/23

PRESENTING CLINICAL SIGNS

History: First seizure. History of Addisons disease. Echo showed a bradyarrhythmia (structurally NSF).

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:56h
Mean heart rate	56bpm
Maximum heart rate	216bpm
Minimum heart rate	30bpm
VPCs	3
APCs	513 singles

Interpretation: Underlying normal sinus rhythm with apparently appropriate rate variation. Single supraventricular and ventricular escape beats skew recorded APC/VPC count. Occasional low grade 2nd degree AV block (type I) with bradycardia/significant pauses. Tachycardia that is sinus in origin, presumably with activity (limited diary).

Rhythm diagnosis: Sinus rhythm with normal rate variation. Occasional APCs and rare VPCs. Occasional low grade 2nd degree AV block and escape foci consistent with high vagal tone.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The holter findings are most consistent with high vagal tone, with a respiratory sinus arrhythmia during periods of rest and seemingly appropriate increases in times of activity. That being said, there are also APCs noted as well as brief (low grade) type I 2nd degree AV block. This implies that occasional P waves are non-conducted, which can occur with either high vagal tone or early AV nodal disease. The PR interval elongation would imply the former which is benign. This supports high vagal tone overall which is suspected in this case, likely secondary to neurologic disease. Occasional premature beats are also likely secondary, as the echo was reportedly normal.

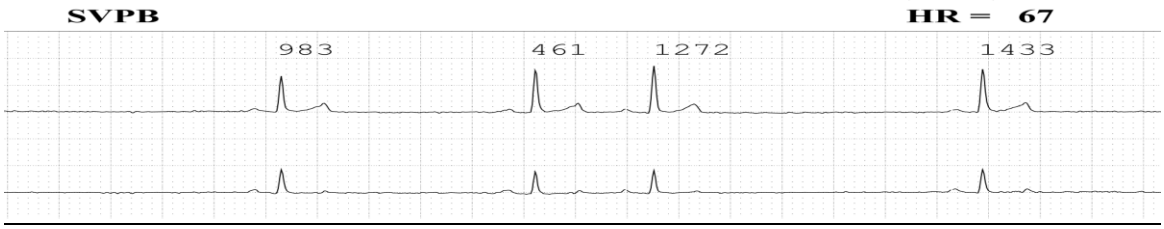
Given that the heart rate does increase appropriately, no further evaluation or treatment are needed.

Risk for general anesthesia is low, however in this instance **a normal atropine response should be confirmed prior to induction**. If the response is lackluster, anesthesia becomes contraindicated.

Monitor for syncope, exercise intolerance, decline in stressed heart rates, or general malaise.

Recommend reassess a holter monitor in 6-12 months, sooner if any decline at home or syncope develops.

IMAGES



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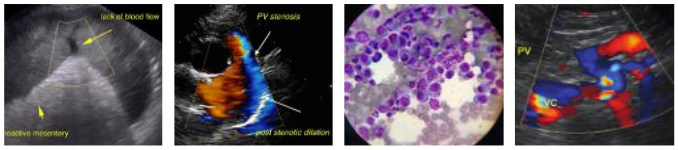

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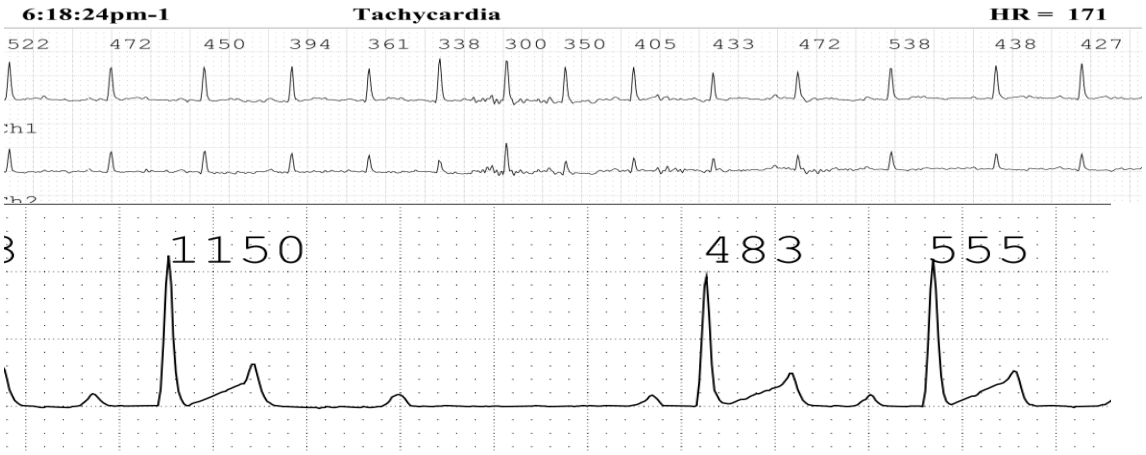

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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