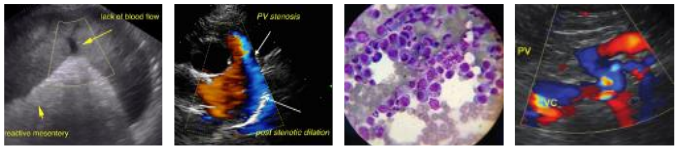
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Stack Neal

SPECIES
Canine

BREED
Pitbull Mix

SEX
Male Neutered

AGE
9y

WEIGHT
70lbs

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

IMAGING PERFORMED BY

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
31293

DATE
6/13/23

PRESENTING CLINICAL SIGNS

History: Stack had an incident last month when he was accidently given an extra dose of both mexilitine and pimobendan. He is presently doing well now with a good appetite and activity level though the family curbs his activity level at home.
Current medications: 1) Sotalol 80mg 1/2 tab twice a day 2) Zesty Paws fish oil 3) Taurine 1000mg twice a day 4) Pimobendan/vetmedin 10mg 1 tab twice a day 5) Mexilitine 200mg 1 capsule three times a day
Prior holter results: VPCs; singles couplets and variable rate runs despite dual therapy (5/2021)

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:57h
Mean heart rate	69bpm
Maximum heart rate	180bpm
Minimum heart rate	31bpm
VPCs	7740 singles, 37 pairs, 9 runs
APCs	0

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. VPCs throughout; primarily LBBB morphology with occasional polymorphism. Primarily singles with occasional slow couplets. Brief labeled run of VT (see below) is an irregular wide complex tachycardia (HR range 150-214bpm); suspect couplets with fusion beats or other ventricular foci. Brief bigeminy noted.

Rhythm diagnosis: Sinus rhythm with appropriate rate variation. Persistent VPCs with occasional couplets. Unchanged from 2021 recording.

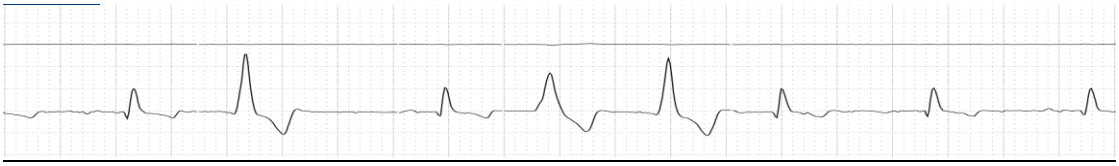
RECOMMENDATIONS

Compared to the 2021 recording, findings are remarkably similar. While singles and rare couplets are noted throughout, there are no triplets or sustained runs of VT noted. The frequency is increased comparatively; however, the overall complexity is stable. Brief 'runs' of VT are irregular, with rates ranging from 150-214bpm (ie not a sustained rapid VT as is typically seen).

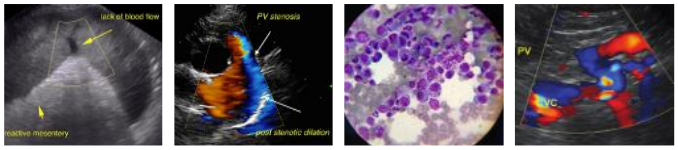
Given overall stability and a 2 year period without clinical signs, I would consider this relatively stable. While ideally a lower VPC count is desired, increasing anti-arrhythmics at this point does carry significant risk. Should any syncope develop in the future, this may have to be revisited. Continued monitoring for any significant lethargy or collapse is recommended going forward. 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.

Plan: Continue all medications as prescribed. Consider a recheck ECG and holter in 6 months, sooner if any clinical signs are noted (collapse/acute lethargy).

IMAGES



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Stack Neal

SPECIES
Canine

BREED
Pitbull Mix

SEX
Male Neutered

AGE
9y

WEIGHT
70lbs

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

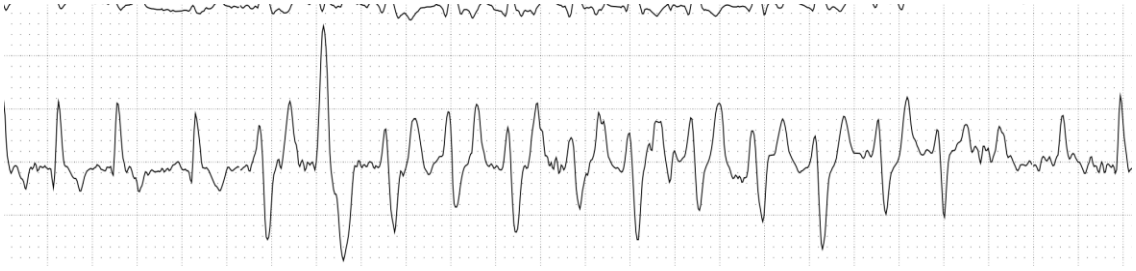
IMAGING PERFORMED BY

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
31293

DATE
6/13/23



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