



PATIENT

Bailev Zolot

PRESENTING CLINICAL SIGNS

History: Collapsing episode; no further information provided. H/O SAS (severe).
Current medications: Atenolol 12.5mg BID
Pertinent previous echo findings (EL 5/2022): moderate SAS, 4m/s; MR

SPECIES

Canine

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

BREED

Boxer

| | |
|--------------------|------------------------------------|
| Time analyzed | 23:51h |
| Mean heart rate | 72bpm |
| Maximum heart rate | 189bpm |
| Minimum heart rate | 32bpm |
| VPCs | 232; singles only with one couplet |
| APCs | 0 |

SEX

FS

AGE

2016

Interpretation: Underlying normal sinus rhythm with presumably appropriate rate variation (no diary included). Isolated VPCs throughout, singles only; however, a single couplet is appreciated. The VPCs are majority LBBB morphology; occasional RBBB morphology noted. During periods of bradycardia, occasional AV block noted.

WEIGHT

49

Rhythm diagnosis: Sinus rhythm with isolated VPCs and a single couplet.

RECOMMENDATIONS

The monitor documents primarily a normal sinus rhythm with single VPCs throughout. The numeric count (while abnormal) is low, with low markers of malignancy. The majority of the VPCs are coming from the RV (assuming standard lead placement), and occur as single beats with one couplet. This may suggest ARVC, as typically arrhythmias due to SAS occur from the left ventricle. Occasional AV block during presumed sleep/bradycardia. No additional issues are identified. Of concern the patient has a max HR of 180+bpm, which is high for a patient on atenolol therapy. This is presumably during activity, and may warrant medication adjustment.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

In total, these findings do not definitively explain a collapse episode. If the episode occurred with significant exertion, a drop in cardiac output due to SAS may be more likely. If non-exertional in origin, other possibilities such as VT (not captured here) may be more likely. If the patient is currently asymptomatic, no obvious indication for medication changes. If exertional episodes recur however, consider increasing the morning dose of atenolol based upon an inappropriately elevated heart rate. Further historical information may be helpful, particularly if episodes recur.

IMAGING

PERFORMED BY

HOSPITAL NAME

Franklin Lakes AH

In the absence of markers of malignancy (polymorphism, R on T, triplets, etc.), no clear indication for anti-arrhythmic therapy at this time. Recommend close monitoring at home for any associated clinical signs including acute lethargy or further collapse.

REFERRING VET

Dr. Onesios

Follow up for SAS should be dictated by the Echo report. In this particular breed with congenital disease and now evidence of early arrhythmic disease and undiagnosed collapse, referral to a local Cardiologist should be considered for lifelong management.

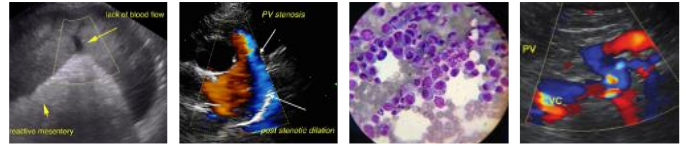
INVOICE

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Any animal with VPCs has the risk for sustained arrhythmias such as VT/VF and potential for sudden death. Mild activity restriction is advised.

DATE

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PATIENT

Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3/6 once to twice daily).

Bailev Zolot

SPECIES

Plan: Consider referral in this complicated case. If declined and exertional collapse recurs in the future, consider increase am dose of atenolol to 18.75mg with continued 12.5mg pm. Monitor HR in 1-2 weeks, sooner if any lethargy develops. If collapse is non-exertional, highly recommend recheck ECG/holter, consider an event monitor based upon results, etc. Baseline BP strongly recommended.

BREED

Boxer

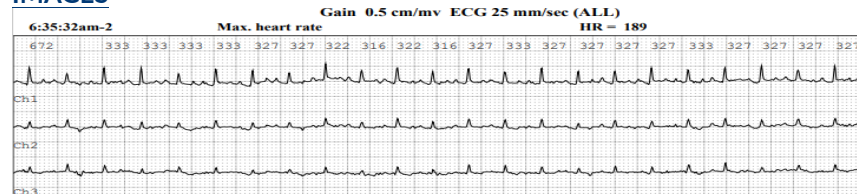
A recheck ECG and/or holter monitor is recommended in 6 months to screen for progression, sooner if any symptoms such as collapse are noted. Follow up for the structural disease should be based upon the Echo report.

SEX

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IMAGES

AGE

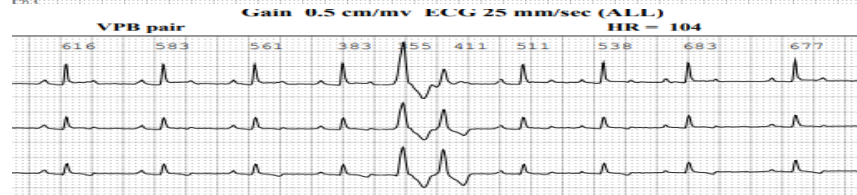


Max HR

2016

WEIGHT

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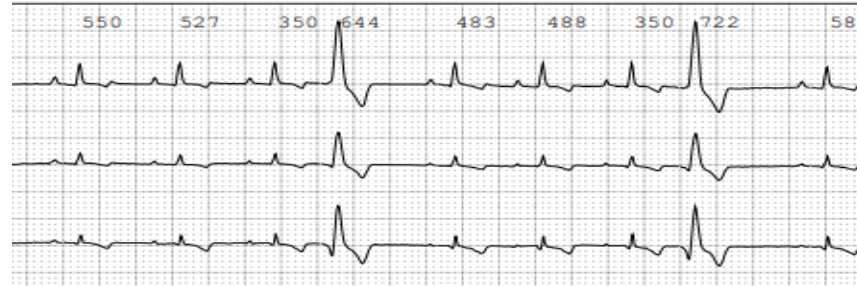


Single couplet

INTERPRETED BY

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(Cardiology)

IMAGING PERFORMED BY



VPBs

HOSPITAL NAME

Franklin Lakes AH

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.

REFERRING VET

Dr. Onesios

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)
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INVOICE

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DATE

/21