

PATIENT

June Compton

SPECIES

Canine

BREED

Labrador

SEX

FS

AGE

12 years

WEIGHT

68.6

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

24580

DATE

6/6/22

PRESENTING CLINICAL SIGNS

History: Pending prior holter results, sotalol was increased to 80mg twice a day while she was continuing the mexilitine at 150mg three times a day. June had collapse episodes 5/21, 5/24 and 5/26. On 26th May, her mexilitine was increased to 200mg three times a day while continuing the sotalol 80mg twice a day. June has not had any further collapse episodes but has also not been allowed to exercise.

Current medications: Sotalol 80mg am, 40mg pm; mexilitene 200mg q8h, Pimobendan 10mg q12h, taurine 1000mg q12h, DES, galliprant, fish oil, gabapentin

Pertinent previous echo results (5/22 MML): 6050 VPCs with 102 runs of VT; 1796 APCs

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:51h
Mean heart rate	58bpm
Maximum heart rate	138bpm
Minimum heart rate	31bpm
VPCs	2271; 1 run (3), 23 pairs
APCs	249; singles only

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Dramatic improvement compared to the prior holter monitor, both in VPC count as well as runs of VT. Previously 100+ runs of VT were noted, and only one brief paroxysm is seen here; max HR 166bpm. Ventricular ectopy throughout, occasional single APCs.

Rhythm diagnosis: Sinus rhythm with relatively controlled ventricular arrhythmias.

RECOMMENDATIONS

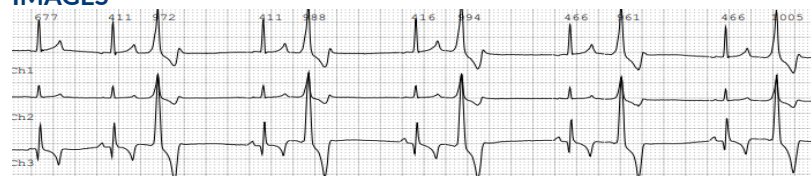
Compared to the May 2022 holter monitor, this shows significant improvement. The biggest concern previously was 100+ runs of VT, whereas only a single brief paroxysm (3 beats in length) is seen here. The overall VPCs count is improved, and occasional APCs are also decreased comparatively.

Given these findings, no changes to the current medications are indicated. It is important to note that this is considered end-stage/refractory arrhythmic disease, and this patient's QOL is of the utmost importance. Sudden death remains a possibility in this patient, which should be expressed to the owner.

Plan: Continue all medications as prescribed. Continue to monitor for syncope, lethargy as previously recommended.

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

IMAGES



Bigeminy



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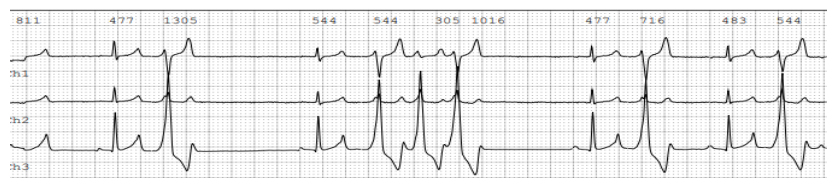
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Brief VT

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
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