


PATIENT

Stella Gilliland

PRESENTING CLINICAL SIGNS

History: Syncope v seizure. Diagnosed with epilepsy 11/2021. Seizure woke them up recently, stumbling after then refused to move. At ER NSR noted. NMA. CXR/BP wnl. arrhythmias during echo (nsf; EL)

SPECIES

Canine

Current medications: Zonisamide 100mg

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT
BREED

Boxer

Time analyzed	46:32h
Mean heart rate	57bpm
Maximum heart rate	203bpm
Minimum heart rate	29bpm
VPCs	1
APCs	0

SEX

FS

AGE

2018

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. The patient is notably bradycardic when sleeping, with sinus pauses/sinus arrest. Occasional escape beats, which is a normal response. The overall resting heart is low, suggesting high vagal tone. A single VPC is identified which is of little concern.

WEIGHT

63lbs

Rhythm diagnosis: Sinus rhythm with appropriate rate variation. Pauses while sleeping with occasional escape foci.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

RECOMMENDATIONS

Apparently normal recording with appropriate rate variation. Pauses are noted during sleep; however, brief pauses while sleeping is often normal in healthy dogs. The resting heart rate is low, which likely suggests high vagal tone. This is common in healthy dogs, or may reflect primary neurologic disease given the history. No malignant arrhythmias are identified.

IMAGING PERFORMED BY

Consider primary neurologic causes of the episode, as no arrhythmias are seen or suspected. The patient would be quite young for ARVC (typical age of onset 6-9y), and a single VPC would suggest this is not present at this time. No explanation for possible arrhythmic activity during the echo, and potentially this was either not captured or not present.

HOSPITAL NAME

Straley Veterinary
Associated

Further neurologic evaluation is recommended. If the patient has any future unexplained collapse episodes more consistent with syncope, consider use of a mobile device such as an AliveCor (kardia), or referral for an event monitor in an attempt to correlate any potential heart rate changes. Other possibilities should also be explored, such as vasovagal events, BP swings, etc.

No medications are indicated at this time No obvious contraindication for general anesthesia.

REFERRING VET

Dr. McFeely

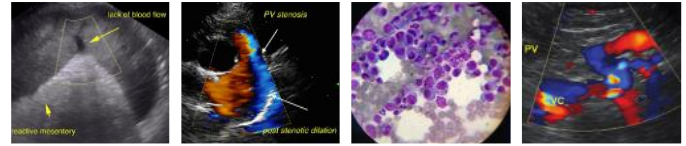
Recheck PE/ECG and/or holter in 6-12 months, sooner if any associated clinical signs arise.

INVOICE

24631

DATE

6/7/22



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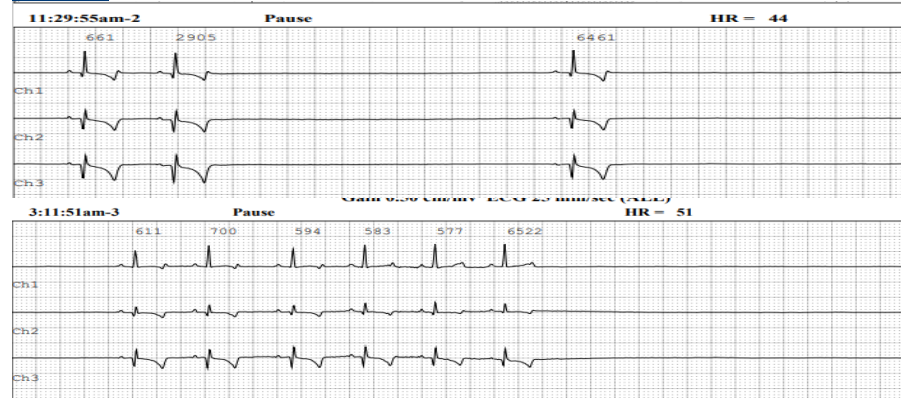
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IMAGES



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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