



PATIENT

Ruth Walters

SPECIES

Canine

BREED

Shepherd Mix

SEX

FS

AGE

2y

WEIGHT

25

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Ashley

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

25292

DATE

7/13/22

PRESENTING CLINICAL SIGNS

History: Increased RR/HR. Sudden onset lethargy after exercise.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:52h
Mean heart rate	76bpm
Maximum heart rate	251bpm
Minimum heart rate	38bpm
VPCs	0 (1 escape)
APCs	16 singles

Interpretation: Underlying normal sinus rhythm with apparently appropriate rate variation (diary not provided). Rare APCs; singles only. Occasional sinus pauses with an escape foci firing while presumably sleeping, which is a normal response. Brief inappropriate tachycardia noted presumably while sleeping (4:40am); however, a sinus origin is suspected.

Rhythm diagnosis: Normal sinus rhythm with rare atrial premature contractions.

RECOMMENDATIONS

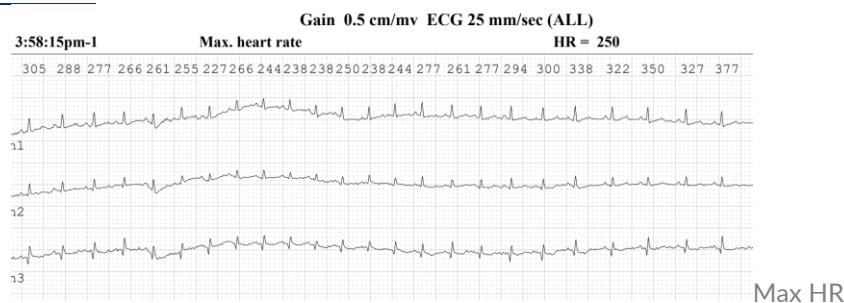
Apparently normal recording with rare atrial premature contractions (APCs). APCs are generated from abnormal conductive or fibrotic tissue in the atria of the heart muscle, and even frequent single APCs will often cause no clinical signs in dogs. Rare APCs are likely a normal variant (<20 in 24 hours); however, follow up is advised.

Regardless of cause, no treatment for the APCs is indicated at this time as there is low risk for complication. These abnormal beats do not explain the clinical issues, and further systemic/musculoskeletal evaluation is advised. If the episodes persist without an identified cause, reassessing the holter/ECG may be warranted.

Monitor for signs of progressive sustained arrhythmias, such as acute lethargy or collapse.

Plan: Consider further screening (echocardiogram, AUS, MS evaluation, etc). A recheck ECG and/or holter is recommended in 6-12 months, sooner if clinical signs arise.

IMAGES





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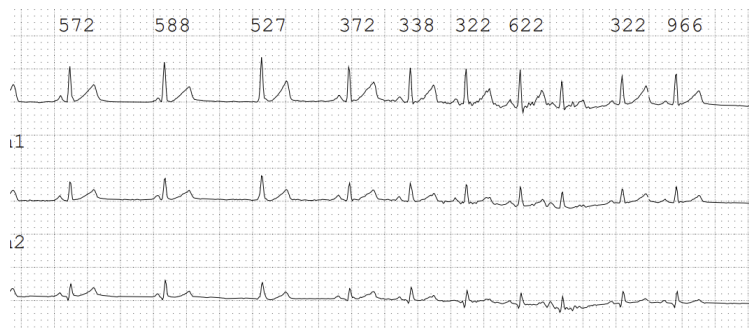
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Occ APCs

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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