



**PATIENT**

Penny Debenedetto

**PRESENTING CLINICAL SIGNS**

History: Had dental procedure on 6/23, no extractions, normal anesthesia with no ECG abnormalities. 1 week later presented with acute onset of intermittent episodes of abnormal mentation (mouth hanging open, third eyelids raised eyes drooping, tongue hanging out). Clinical signs seem to decrease with increased adrenaline and P's mentation will completely resolve. In between episodes is neurologically sound.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: All BW WNL, bicavitary ultrasound WNL, tickborne negative.

**BREED**

Cocker Spaniel

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

**SEX**

FS

Time analyzed	23:31h
Mean heart rate	67bpm
Maximum heart rate	200bpm
Minimum heart rate	32bpm
VPCs	4 singles, 1 pair
APCs	0

**AGE**

3y

Interpretation: Normal sinus rhythm with apparently appropriate heart rate variability (minimal diary included). Occasional brief sinus pauses are seen with an extended period of sinus arrest at 1:45am (presumably while sleeping); however, this is typically a normal finding in young athletic dogs. Sinus tachycardia is noted as the max HR; however, presumably this is during activity (5:25pm). Rare VPCs with a single couplet; instantaneous HR 166bpm.

**WEIGHT**

29lbs

Rhythm diagnosis: Normal sinus rhythm with apparently appropriate heart rate variability. Occasional sinus pauses with period of sinus arrest. Rare VPCs.

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Apparently normal recording with no malignant arrhythmias identified. It is always difficult without a corresponding holter diary describing the patient's activity to know if the HR is appropriate, however based upon time of day this is assumed. The max HR appears sinus, and likely occurs with activity. In contrast, brief pauses while sleeping is often normal in healthy dogs. Occasional periods of sinus arrest (4.4s, 6s) are noted during early morning hours, which are often normal in young dogs. If the patient develops any clinical signs such as acute lethargy or collapse, reassessment is recommended. Finally, rare VPCs are a normal variant.

**IMAGING PERFORMED BY**

**HOSPITAL NAME**

Rockaway AH

No medications are indicated at this time. No correlation between these findings and the reported issues is suspected, particularly as they have resolved.

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

**REFERRING VET**

Dr. Maniar



**INVOICE**

31715

**DATE**

7/7/23



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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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