

**PATIENT**

Samantha McIntosh

**SPECIES**

Canine

**BREED**

Cavalier King Charles

**SEX**

FS

**AGE**

10y

**WEIGHT**

18.7lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

32076

**DATE**

8/1/23

**PRESENTING CLINICAL SIGNS**

History: Samantha had a collapse episode x 2 when chasing a squirrel in hot, humid, tropical weather. Samantha does agility work and goes for long walks with the family. She presently has a holter pending. Samantha is eating well with no current C/V/D/PU/PD but she has been sneezing a bit.

Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Dasaquin every other day 4) Fish oil daily 5) Probiotic daily  
Echocardiogram Results (8/1/23 MML): CVD severe, PV dilation, PAH mild; suspect early CHF; add Spironolactone and furosemide.

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

Time analyzed	23:20h
Mean heart rate	123bpm
Maximum heart rate	240bpm
Minimum heart rate	77bpm
VPCs	1
APCs	161 singles, 5 pairs, 5 runs; 205bpm

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Detailed diary allows for careful evaluation, and periods of play/activity result in a normal sinus tachycardia. Max HR is sinus in origin and occurs with play. Occasional APCs with 5 brief salvos of SVT (210bpm). Interestingly these occur exclusively during periods of rest/sleep.

Rhythm diagnosis: Sinus rhythm with rare supraventricular arrhythmias.

**RECOMMENDATIONS**

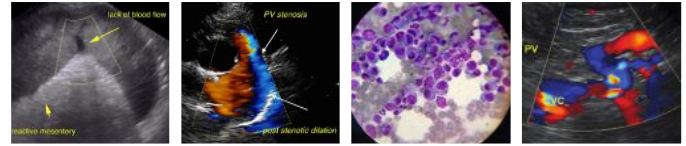
The holter shows rare supraventricular arrhythmias, including single APCs and brief salvos of SVT. The rare SVT is brief, and occurs during sleep when the sinus rate is low. With activity the sinus node increases appropriately, and appears to suppress the ectopic rhythm adequately. The max heart rate occurs with significant activity and is sinus in origin as best as we can tell.

These findings would support the assumption that an arrhythmic cause of syncope is unlikely at this time. As suggested in the echo report, early decompensation is the likely cause, in addition to insufficient cardiac output for the patient activity level. The best we can do is treat for CHF and advise activity restriction going forward. If the episodes persist despite therapy, reassessing the holter may be warranted. It is worth noting that this dog is at high risk for development of atrial fibrillation in the future, which typically presents as acute lethargy or collapse. Certainly a repeat ECG should be assessed in this instance.

Treatment and follow up should be dictated by the ECG report.

**IMAGES**





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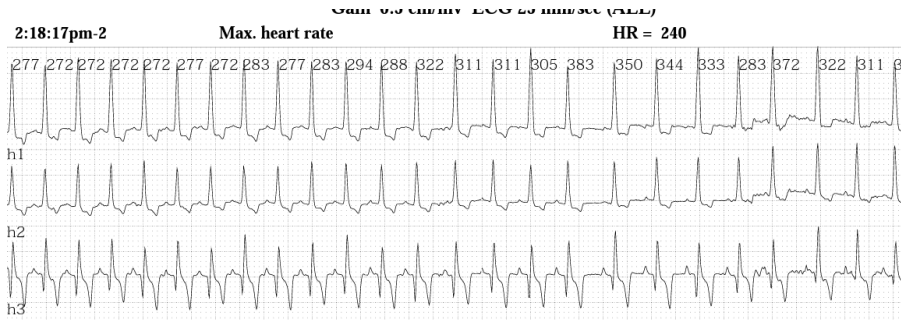
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**Sinus tach**

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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