


**PATIENT**

Simba Thermenos

**PRESENTING CLINICAL SIGNS**

History: ECG showed a sinus arrhythmia with single, RBBB morphology VPCs.  
 Current medications: None listed.  
 Echo/AUS results (MD 5-31-23): nsf

**SPECIES**

Canine

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**
**BREED**

Golden Retriever

Time analyzed	23:54h
Mean heart rate	97bpm
Maximum heart rate	234bpm
Minimum heart rate	60bpm
VPCs	49183 singles, 490 pairs, 82 runs
APCs	0

**SEX**

Male Neutered

Interpretation: Underlying normal sinus rhythm with appropriate rate variation and frequent VPCs throughout. VPCs are primarily LBBB morphology (as compared to the prior ecg), indicative of an RV origin; however, some polymorphism is noted. Singles, couplets and brief salvos of VT noted (see below); 200bpm. Periods of bi and trigeminy. No supraventricular beats noted.

**AGE**

2012

**WEIGHT**

99lbs

Rhythm diagnosis: Sinus rhythm with frequent polymorphic VPCs; singles, couplets and brief salvos of VT.

**INTERPRETED BY**

Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**RECOMMENDATIONS**

Malignant ventricular arrhythmias are identified. Nearly 50,000+ VPCs in 24 hours are identified, with some markers of malignancy (polymorphism, VT).

Although this patient reportedly has normal cardiac structure and function, there is clearly a significant arrhythmic issue. A primary arrhythmic disorder (such as ARVC or arrhythmic form of DCM) is suspected based upon an unremarkable systemic work up (albeit uncommon in this breed).

**IMAGING PERFORMED BY**

Given the amount of arrhythmia seen here, treatment is indicated with sotalol. A baseline BP is advised prior to initiating. Monitor for any significant lethargy or collapse in the patient. It is important to note that even in human trials, anti-arrhythmics have not been shown to prevent sudden death in these patients, and high risk will unfortunately persist. Mild activity/stress restriction is advised.

**HOSPITAL NAME**

Tranquility VC

Once the arrhythmia is controlled, anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min).

**REFERRING VET**

Dr. Christenson

Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily).

Plan: Baseline BP recommended. Institute sotalol 1-2mg/kg PO q12h. Recheck ECG and/or holter monitor and BP in 2-4 weeks to assess response.

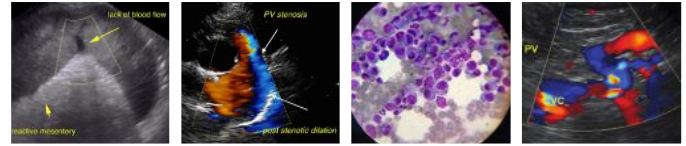
**INVOICE**

32322

Monitor at home for collapse, exercise intolerance, and/or lethargy. Once on the medication, a recheck ECG/holter monitor/BP is recommended in 6 months, sooner if episodes of collapse occur.

**DATE**

8/11/23



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**SEX**

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**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

Dr. Christenson

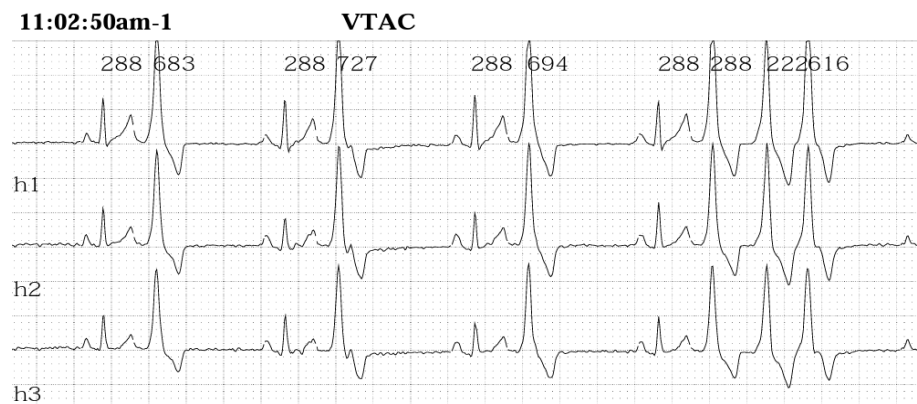
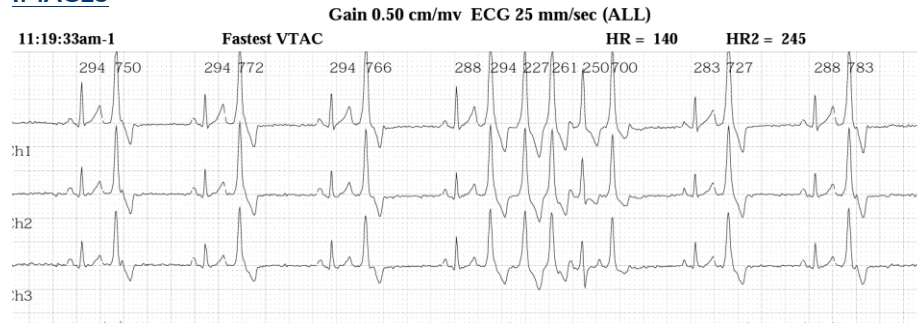
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**IMAGES**



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  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com