



PATIENT

Sadie Jess

SPECIES

Canine

BREED

Cane Corso

SEX

FS

AGE

8 years

WEIGHT

40ka

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Simcoe AH

REFERRING VET

Dr. Lancashire

INVOICE

20510

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: Arrhythmia on annual exam. Echo NSF (EL 6/2021). Holter showed SVT with APCs and VPCs; sotalol initiated (MML 7/5/21)

Current medications: Sotalol 40mg BID

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip.

Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 100bpm (range 75-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. Single APCs throughout; 15 in a 2 min tracing. Singles only. No ventricular ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation. Isolated APCs.

RECOMMENDATIONS

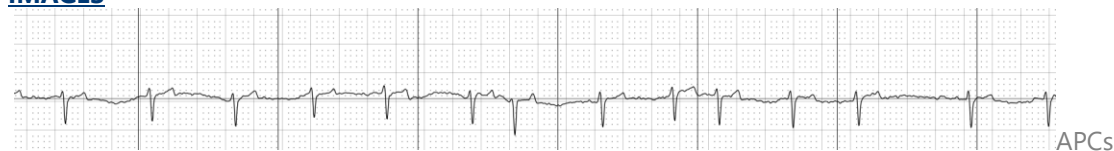
APCs persist; however, only single beats are identified. This is difficult to interpret compared to a holter previously given the difference in recording times. What is seen here should not be causing clinical signs (owner reports nausea-type symptoms since starting sotalol); however a unique systemic reaction to the drug is always a possibility.

Going forward, there are options at this time. If the side effects have since resolved, we can continue on sotalol as prescribed. Ideally a recheck holter would be considered to ensure that the medication is working as antiarrhythmics can be proarrhythmic. The attending clinician did feel that the ausculted arrhythmia was more significant than previously, and this is of course a possibility which is concerning. Alternatively, we can discontinue sotalol for the short-term and consider use of an alternative option such as diltiazem; if the patient is still experiencing systemic side effects this may be the superior choice. If this is elected, an ECG or ideally Holter would then be recommended 2-4 weeks later. Discussion with the owner is advised.

Plan: Consider options as discussed—continue sotalol with a recheck holter versus discontinue sotalol. Once the patient is feeling well at home, institute diltiazem 1-2 mg/kg by mouth every 8 hours with a follow-up ECG and/or ideally Holter 2-4 weeks later. Close monitoring for any changes at home in the interim is advised if this option is selected.

Recheck echocardiogram and ECG and/or holter in 6 months, sooner if any issues arise in the interim.

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.



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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.

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Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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