



PATIENT	PRESENTING CLINICAL SIGNS
Murphy Simpson	History: 2 week history of decreased appetite. On abdominal palpation, spleen was prominent. There was a possible cardiac arrhythmia ausculted. Bloodwork showed mildly increased neutrophils and monocytes. AUS results (EL): hepatic mass; caudal abdominal mass
SPECIES	ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.
Canine	A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 100bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. Frequent VPCs throughout; singles only in a bi and trigeminal pattern. No ectopic beats, pauses or other dysrhythmias observed.
BREED	ECG diagnosis: Normal sinus rhythm with respiratory variation.
Golden Retriever	
SEX	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Male Neutered	The ECG confirms the arrhythmia is due to frequent ventricular premature contractions (VPCs). VPCs are generated from abnormal conductive or fibrotic tissue in the ventricles of the heart muscle, and even frequent single VPCs will often cause no clinical signs in animals (as is seen here). When sustained however, ventricular tachycardia can lead to symptoms such as lethargy and collapse, and ultimately can lead to fibrillation and sudden death.
AGE	When addressing arrhythmias, two things must be considered; 1. Is an underlying cause evident or is this primary arrhythmic disease? And 2. Is anti-arrhythmic therapy warranted?
12 years	VPCs are a very non-specific finding. They can be due to significant cardiac disease or be extra-cardiac in origin; ie due to pain, stress, inflammation, cancer, GI disease, DIC/sepsis, etc. In this senior dog with abdominal neoplasia, this is the likely cause. An echocardiogram to assess cardiac structure and function would be a reasonable next step to screen for ancillary pathology.
WEIGHT	Electing to treat arrhythmias is based upon clinical signs and amount/degree of arrhythmia identified. Unfortunately there is always an elevated risk for collapse and sudden death in any arrhythmic patient, and even on medications this risk unfortunately still persists. Based upon the amount of arrhythmia present on the available ECG, anti-arrhythmic therapy is likely indicated, particularly if anesthesia is needed in the future. A holter monitor would be ideal to understand the true extent of the abnormality if desired; however, based upon this tracing I would not hesitate to institute Sotalol.
89 lbs	
INTERPRETED BY	
Maggie Machen Lamy, DVM, DACVIM (Cardiology)	
IMAGING PERFORMED BY	
Jennifer Todd, DVM	
HOSPITAL NAME	Monitor at home for collapse, exercise intolerance, and/or cough. Mild activity restriction is advised in arrhythmic patients.
Lambs Gap Animal Hospital	
REFERRING VET	With ventricular arrhythmias, anesthetic risk is considered moderately elevated if needed. 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)
Dr. Todd	
INVOICE	
20536	
DATE	
8/12/21	



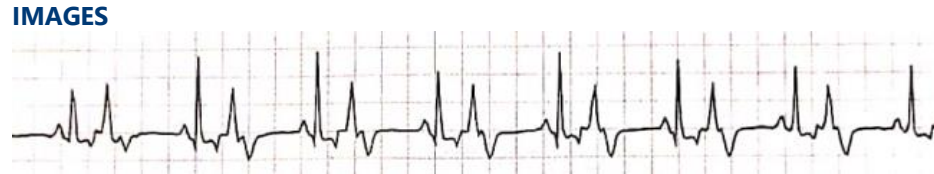
PATIENT

Murphy Simpson

Plan: Highly recommend echocardiogram. Consider holter monitor. If declined, institute sotalol - 1-2mg/kg PO q12h with a recheck ECG in 1-2 weeks then every 4-6 mo lifelong.

SPECIES

Canine



BREED

Golden Retriever

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.

SEX

Male Neutered

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.

AGE

12 years

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WEIGHT

89 lbs

INTERPRETED BY

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HOSPITAL NAME

Lambs Gap Animal
Hospital

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