
PATIENT

Henry Pinheiro

SPECIES

Canine

BREED

Pitbull

SEX

Male Neutered

AGE

5 years

WEIGHT

81 lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY
HOSPITAL NAME

 Mass Veterinary
 Services

REFERRING VET

Dr. Chameroy

INVOICE

26071

DATE

8/29/22

PRESENTING CLINICAL SIGNS

History: New arrhythmia noted at his annual on 8/15/2022. Bloodwork was unremarkable, negative HWT. Chest rads obtained the following week revealed an enlarged pulmonary trunk and rounding of the L side of the cardiac silhouette. Clinically he has been well, though he has had episodes of being less energetic, but this was during heatwave and the other dog in the home was also reduced in activity. Ausculted arrhythmia at home was irregularly irregular. A HR was not able to be obtained at time of Holter placement due to scheduling. Henry has been E/D well, with no reports of V/D/C/S. No episodes of collapse.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:53h
Mean heart rate	58bpm
Maximum heart rate	229bpm
Minimum heart rate	30bpm
VPCs	768 singles
APCs	0

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Maximum heart rate is sinus in origin. Isolated VPCs throughout; singles only and monomorphic. No couplets, triplets or VT identified.

Rhythm diagnosis: Sinus rhythm with isolated VPCs.

RECOMMENDATIONS

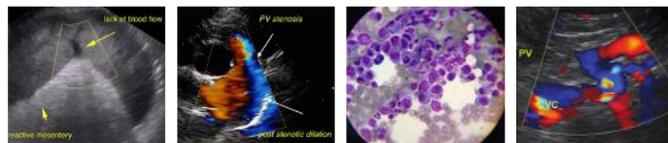
The monitor documents primarily a normal sinus rhythm with single VPCs throughout. The numeric count and the markers of malignancy are both low (monomorphic, singles only, etc). No couplets, triplets or VT are identified. The heart rate and rhythm are otherwise reasonable based upon the included diary.

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 dogs. When sustained however, ventricular tachycardia can lead to symptoms such as lethargy and collapse.

VPCs are a very non-specific finding. They can be primary in origin (such as ARVC), be secondary to significant cardiac disease, or be extra-cardiac in origin; i.e., due to pain, stress, inflammation, cancer, GI disease, DIC/sepsis, etc. In a dog with reported CXR abnormalities, consider a baseline echocardiogram as the next step. If normal, recommend rule out other differentials for ectopy through AUS, tick titers, troponin, etc. Simple monitoring at home would be an alternative approach. 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.

In the absence of markers of malignancy (polymorphism, R on T, triplets, etc.), no clear indication for anti-arrhythmic therapy at this time. Recommend close monitoring at home for any associated clinical signs including acute lethargy or collapse.

Any animal with VPCs has the risk for sustained arrhythmias such as VT/VF and potential for sudden death and this should be expressed to the owner.



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As was previously noted in the echo report, further systemic evaluation may be indicated, particularly should any systemic issues arise.

SPECIES

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

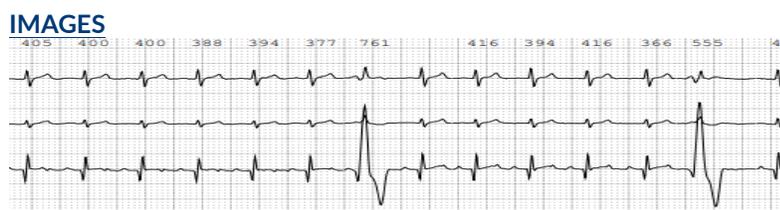
BREED

Pitbull

Plan: Recommend echocardiogram and further evaluation as discussed. A recheck ECG and/or holter monitor is recommended in 6 months to screen for progression, sooner if any symptoms such as collapse are noted.

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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.

IMAGING PERFORMED BY

Maggie Machen Lamy, DVM
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