



PATIENT

Skve Graham

SPECIES

Canine

BREED

Great Pvrenees Mix

SEX

FS

AGE

3/11/21

WEIGHT

55 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

20803

DATE

8/30/21

PRESENTING CLINICAL SIGNS

History: Abnormal BNP noted 8/4/21. AUS wnl. Holter showed 7867 VPCs with 40 couplets and paroxysms of bi and trigeminy (KB); sotalol recommended with a recheck holter to follow. Current medications: Sotalol; no dose included.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:51h
Mean heart rate	98bpm
Maximum heart rate	245bpm
Minimum heart rate	62bpm
VPCs	4662 singles
APCs	0

INTERPRETATION AND RECOMMENDATIONS

Underlying normal sinus rhythm with appropriate rate variation. Max and min heart rates appear sinus, without sustained or paroxysmal VT which is good. VPCs persist; however, only singles are identified with a decreased frequency compared to the prior tracing. Additionally no couplets are noted compared to 40 previously. Based upon this improvement, no changes are indicated at this time.

The signalment in this case is unusual, making a primary arrhythmic issue most likely. An echocardiogram remains recommended to rule out structural disease. This patient will likely need lifelong ECG/holter and structural monitoring, with the risk for breakthrough arrhythmias, collapse and sudden death persisting despite medications. Consider referral for lifelong monitoring and medication adjustments in this young patient as the gold standard option.

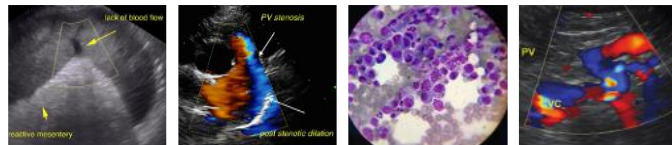
Lifelong activity restriction is advised. Omega fatty acid supplementation may be of some benefit for arrhythmic dogs (1000mg PO q12h).

Plan: An echocardiogram is recommended as a baseline, then annually if normal. Monitor ECG or ideally a holter monitor every 6-12 months lifelong, sooner if breakthrough symptoms such as syncope are noted.

IMAGES



Persistent VPCs



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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.

Maggie Machen Lamy, DVM
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