



PATIENT

Tank Domurat

SPECIES

Canine

BREED

Doberman

SEX

Male Neutered

AGE

9 years

WEIGHT

60

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26118

DATE

8/30/22

PRESENTING CLINICAL SIGNS

History: Screening holter. Tank does not have any coughing but has never tolerated the heat well. His activity level has been a bit less lately but it has been very hot and humid. Tank has been eating well. Echocardiogram results (8/30/22 MML): Mild LV dysfunction, no chamber enlargement.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:56h
Mean heart rate	57bpm
Maximum heart rate	216bpm
Minimum heart rate	30bpm
VPCs	1407; 18 couplets, 6 runs
APCs	71 singles

Interpretation: Underlying normal sinus rhythm with presumably appropriate rate variation (no diary provided). Frequent ventricular arrhythmias throughout; singles, couplets and runs of VT seen. Periods of bigeminy and trigeminy. VPCs are primarily RBBB morphology, indicative of an LV origin. Rare APCs.

Rhythm diagnosis: Sinus rhythm with malignant ventricular arrhythmias; salvos of VT.

RECOMMENDATIONS

Sinus rhythm with frequent ventricular arrhythmias. While the frequency is notable, the findings of couplets and occasional runs of VT are what are highly concerning. This is considered an unstable rhythm, and initiation of anti-arrhythmic therapy is advised. Given the breed, this is indicative of the arrhythmic form of DCM. The echocardiogram showed mild LV dysfunction, which may also progress to fulminant DCM in the future.

Sotalol is recommended in this patient as below. Watch for any significant lethargy or collapse in the patient while initiating the medication. Ensure that the sinus resting heart rate is not significantly decreased by the medication, particularly should any symptoms develop. 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. Activity/stress restriction is advised.

Monitor for any significant lethargy or collapse in the patient while going forward, and particularly while initiating the medication.

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

Plan: Institute sotalol 1-2mg/kg q12h. Recheck ECG and/or holter monitor (gold standard) and HR/BP in 2-4 weeks to assess response.

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



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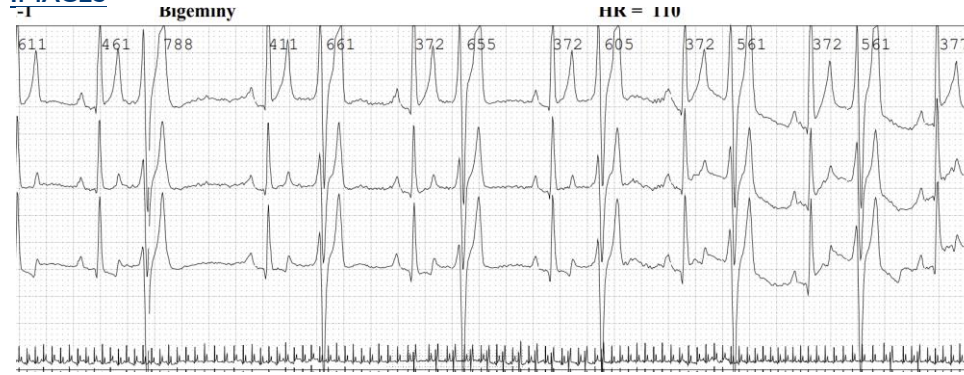
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IMAGES



Bigeminy



VT

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.

HOSPITAL NAME

Mass Veterinary Services

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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