


PATIENT

Vespa Mulvanev

SPECIES

Canine

BREED

Lab Mix

SEX

FS

AGE

10 years

WEIGHT

51 lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY
HOSPITAL NAME

 Mass Veterinary
 Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

20835

DATE

8/31/21

PRESENTING CLINICAL SIGNS

History: History: Vespa was seen at ER for a rapid heart rate and panting in early July. She was noted to have an arrhythmia at that time along with a low phosphorus and potassium level. She was then seen at Angell on the 10th of July with the same chief complaint. An echocardiogram revealed mild TR with no right sided enlargement; systemic hypertension (190 mmHg). A repeat of her lab work revealed a mild hyperalbuminemia. An EKG reported a narrow complex tachycardia (sinus tach suspected) with frequent VPC's, bigeminy, rare couplets with a LBBB pattern. Vespa was discharged with no medications. Vespa has a good appetite but is finicky. She does have some exercise intolerance noted in the past on long walks. CV/RESP: arrhythmia with periods of tachycardia interspersed with occasional dropped beats, no murmurs noted, pulses strong but not synchronous, lung fields clear BP: 160mmHg x 4. No medications. *No sedation.

-Pertinent previous echo findings (4/9/21): LA 2.54 cm; LA:Ao 1.10; LV 3.28 cm; FS 27%; trace TR (2.64 m/s); no MR.

Echo results (8/17/21 MML): NSF; mild Ao dilation; ECG showed sinus tachycardia with frequent Isolated VPCs.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:56h
Mean heart rate	71bpm
Maximum heart rate	245bpm
Minimum heart rate	32bpm
VPCs	4047; singles only
APCs	0

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Significant sinus tachycardia is seen with stress/activity; however, appropriate drop in rate with rest. 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. While the numeric count (>4000) is concerning, the markers of malignancy are low. The brief periods of sinus tachycardia are captured similar to in hospital; however, these are benign in appearance and occur with stress/activity.

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.



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

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

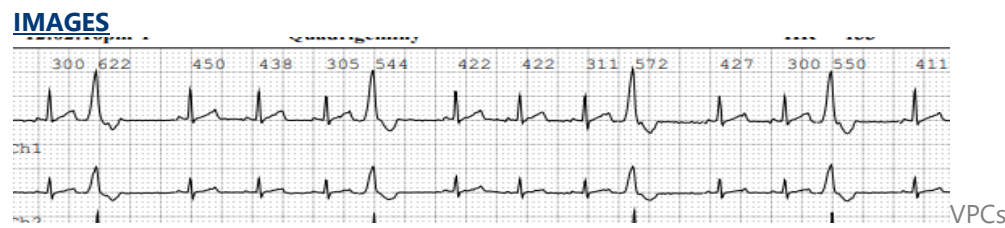
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A recheck ECG and/or holter monitor is recommended in 6 months to screen for progression, sooner if any symptoms such as collapse are noted.

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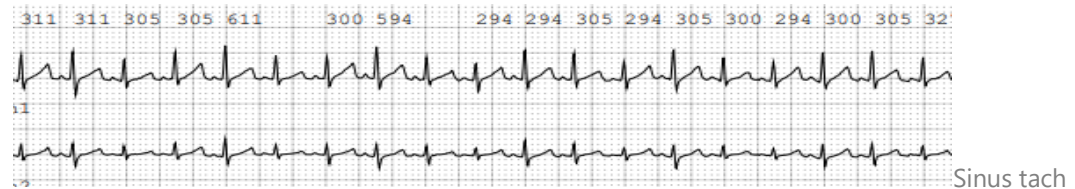


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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