


**PATIENT**

Cookie Asmonga

**PRESENTING CLINICAL SIGNS**

 History: Shaking with collapse. Arrhythmia on auscultation. Assess prior to anesthesia.  
 Current medications: None listed.

**SPECIES**

Canine

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**
**BREED**

Golden Retriever

|                    |                               |
|--------------------|-------------------------------|
| Time analyzed      | 45:50h                        |
| Mean heart rate    | 74bpm                         |
| Maximum heart rate | 220bpm                        |
| Minimum heart rate | 36bpm                         |
| VPCs               | 524 with 7 pairs and 5 runs   |
| APCs               | 304 with 21 pairs and 12 runs |

**SEX**

FS

**AGE**

11y

Interpretation: Underlying normal sinus rhythm. Frequent VPCs. VPCs are primarily LBBB morphology, indicative of an RV origin. Singles, couplets and a brief salvo of VT noted at 200bpm. Isolated APCs are also noted with couplets and brief salvos of SVT.

**WEIGHT**

76lbs

Rhythm diagnosis: Sinus rhythm with monomorphic VPCs and APCs; singles, couplets and brief salvos of VT and SVT.

**RECOMMENDATIONS**

Multiform arrhythmias are appreciated. While the count is relatively low, there is concern for couplets and brief runs of both SVT and VT. While nothing seen in this recording would result in collapse, there is concern for a correlation between these findings and the reported history.

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

 Given these findings an echocardiogram is **STRONGLY** recommended to screen for underlying structural disease. In the absence of significant cardiomyopathy, Sotalol is warranted as below. If the cardiac function is significantly compromised, Mexilitene is likely a safer choice. Additionally if a structural component to the arrhythmias is **NOT** appreciated, full systemic evaluation would be strongly recommended to assess for a primary cause.

**IMAGING PERFORMED BY**

A baseline BP is advised prior to initiating. Monitor for any significant lethargy or collapse in the patient. 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.

**HOSPITAL NAME**

Rockaway AH

Anesthesia is not advised prior to echo assessment.

**REFERRING VET**

Dr. Maniar

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

 Plan: Baseline BP recommended. An echocardiogram and CXR are recommended. If DCM is **NOT** present, institute sotalol 1-2mg/kg PO q12h. If DCM is present, Mexilitene is the safer choice (5-7mg/kg PO q12h).

**INVOICE**

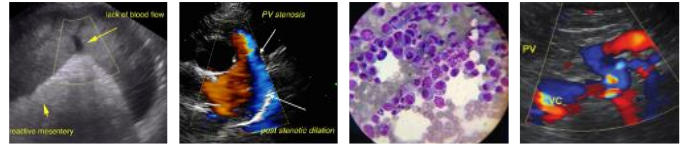
32168

Recheck ECG and/or holter monitor and BP in 2-4 weeks to assess response. Full systemic evaluation as discussed.

**DATE**

8/4/23

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



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Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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**REFERRING VET**

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**DATE**

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**IMAGES**

8:55:22am-2 VTAC HR = 84 HR2 :



7:57:10pm-1 Fastest SVT HR = 109 HR2 = 250



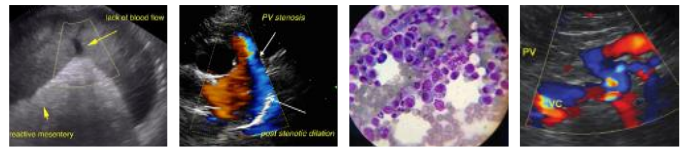
5:34:23pm-1 SVT HR = 103 HR2 = 189



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



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