


**PATIENT**

Willow McPherson

**PRESENTING CLINICAL SIGNS**

History: ECG 7/7/21 showed isolated VPCs. Mild LV dysfunction on echocardiogram (MML). Holter suggested.

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

7 years

**WEIGHT**

70 lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**
**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Bittner

**INVOICE**

20417

**DATE**

8/9/21

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

Time analyzed	23:47h
Mean heart rate	99bpm
Maximum heart rate	240bpm (sinus)
Minimum heart rate	57bpm
VPCs	5933; 5735 singles, 75 pairs, 16 runs (longest run=3)
APCs	0

Interpretation: Underlying normal sinus rhythm with apparently appropriate rate variation (no diary included). Frequent single VPCs with periods of trigeminy. Occasional couplets. Sixteen brief runs of VT (no more than 3 ventricular beats simultaneously).

Rhythm diagnosis: Sinus rhythm with frequent ventricular arrhythmias. Salvos of VT.

**RECOMMENDATIONS**

The holter shows persistent ventricular premature contractions (VPCs) with brief runs of VT. As mentioned in the echo report, these findings are most supportive of ARVC in this 7yo Boxer. ARVC can occur with or without systolic dysfunction and structural issues, which should be monitored going forward for any progressive deterioration. It is always reasonable to rule out other differentials for VPCs (AUS, tick titers, troponin, etc) however suspicion is low given the signalment of the patient. 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.

ARVC carries a HIGHLY variable prognosis, with some dogs able to remain asymptomatic for extended periods of time, and others developing exercise intolerance, syncopal episode, and refractory arrhythmias/sudden death imminently.

Based upon brief runs of VT, Sotalol is recommended as below. A reassessment of an ECG or ideal a holter monitor in 3-4 weeks is recommended to ensure adequate control of the arrhythmia.

Once controlled, anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50—75mcg/kg/min).

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



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Monitor at home for collapse, exercise intolerance, and/or lethargy. Anesthesia is not recommended until good arrhythmic control is achieved. Lifelong mild to moderate activity restriction is advised.

**SPECIES**

Canine

Plan: Institute Sotalol 40mg PO q12h. Reassess ECG or ideally a holter monitor in 3-4 weeks to assess response, sooner if any clinical changes are noted in the interim.

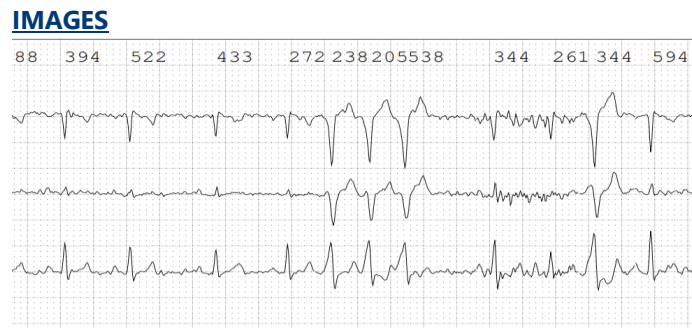
**BREED**

Boxer

Recheck ECG and echocardiogram is recommended in 6 months to determine progression/control, sooner if any development of associated clinical signs.

**SEX**

FS



**AGE**

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**WEIGHT**

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VT

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)



**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.**

**HOSPITAL NAME**

SVS Imaging

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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