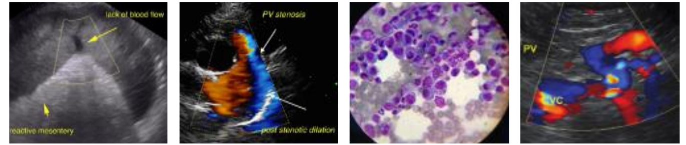
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Taco Tailor

SPECIES
Canine

BREED
Chihuahua

SEX
Male Neutered

AGE
2009

WEIGHT
6.8 lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME
Rockaway AH

REFERRING VET
Dr. Maniar

INVOICE
21030

DATE
9/14/21

PRESENTING CLINICAL SIGNS

History: Acute collapse after vomiting. Echo unremarkable (EL 9/2021).
Current medications: Gabapentin

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:44h
Mean heart rate	99bpm
Maximum heart rate	216bpm
Minimum heart rate	52bpm
VPCs	0
APCs	397; singles with 1 couplet

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Isolated APCs are noted; primarily during times of stress/activity. A single couplet is seen during a car ride. No SVT noted.

Rhythm diagnosis: Sinus rhythm with isolated APCs.

RECOMMENDATIONS

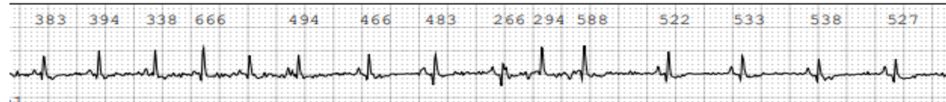
Largely normal recording, with appropriate rate variation. The max and min heart rates are sinus in origin, without sustained tachyarrhythmias, extended pauses, etc. There are isolated APCs noted throughout, which are largely benign and suspected to be incidental.

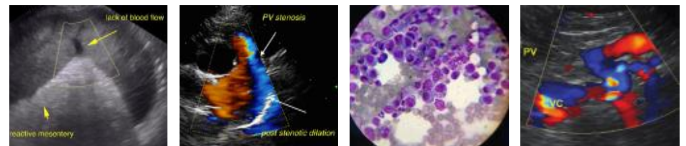
APCs are a very non-specific finding. They can be primary in origin, develop secondary to significant cardiac disease (not present), or be extra-cardiac in origin; ie due to pain, stress, inflammation, cancer, GI disease, DIC/sepsis, etc. In a senior small breed dog, systemic differentials should be considered. The patient has already had lab work and an AUS with evidence of renal changes- this alone +/- stress may be enough to explain the finding. Certainly no treatment is indicated based upon what is seen here.

Isolated APCs are not associated with clinical signs such as collapse, and are unlikely to be related. The situational nature of the episode is most suggestive of a vasovagal event, and should be considered most likely at this point. If the episodes recur INDEPENDENT of vomiting, coughing, etc (ie less likely to be vagal-induced), further arrhythmia evaluation may be indicated (attempt to obtain a heart rate, placement of an event monitor, etc). Suspicion is low at this time.

A recheck ECG and/or holter can be considered in 6-12 months to screen for progression, sooner if recurrent episodes are noted as discussed.

IMAGES





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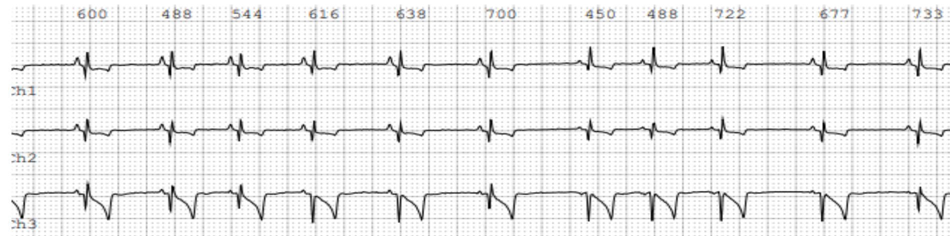

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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