



PATIENT

Sarge Hilbert

SPECIES

Canine

BREED

Lab Mix

SEX

Male Neutered

AGE

9 years

WEIGHT

73 lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

21289

DATE

9/30/21

PRESENTING CLINICAL SIGNS

History: Sarge does not have any coughing nor dyspnea noted but does rest after approximately 10 minutes of walking. He continues to eat well with otherwise normal activity for a dog of his years. In June, Sarge had some GI issues which have resolved. An arrhythmia was noted in July. Echo results (9/7/21 MML): Normal, small LV with suspect pseudohypertrophy. ECG results (9/7/21 MML) paroxysmal SVT/AT; sotalol recommended with follow up holter. Current medications: Sotalol 40mg PO q12h.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:09h
Mean heart rate	83bpm
Maximum heart rate	196bpm
Minimum heart rate	43bpm
VPCs	1404 singles
APCs	4055; 1618 singles, 265 pairs, 234 runs

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Brief SVT persists; however, the max HR is noted around 180bpm and the rhythm is largely non-sustained. Several periods of suspect sinus tachycardia may have been counted inappropriately. Occasional isolated VPCs and APCs throughout.

Rhythm diagnosis: Sinus rhythm with VPCs, APCs and brief rate-controlled SVT.

RECOMMENDATIONS

While arrhythmias persist despite Sotalol therapy, there is improvement compared to the in hospital tracing. The SVT that is seen here has a lower HR, and my suspicion is some of the labeled 'SVT' is of sinus origin rather than true atrial tachycardia. The max HR is at 11:30am, presumably with activity. Single VPCs and APCs do not warrant additional therapy at this time. The overall resting HR is reasonable, without significant decline on Sotalol.

Based upon these findings no changes to the current therapy is recommended. If the patient continues to experience exercise intolerance outside of normal for a geriatric dog (or certainly any syncope is identified), further evaluation may be useful (AliveCor monitor at home, HR monitoring, etc).

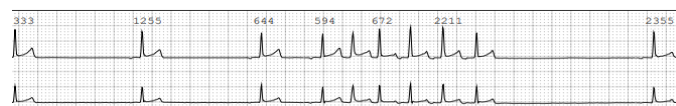
Patient will always be at risk for collapse and sudden death, and even on medications this risk unfortunately persists.

A recheck ECG/Holter is recommended in 6 months, sooner if issues arise in the interim. A recheck echocardiogram is recommended in 1 year as dictated by the echo report.

IMAGES



HR 170 with activity



Brief paroxysm during sleep



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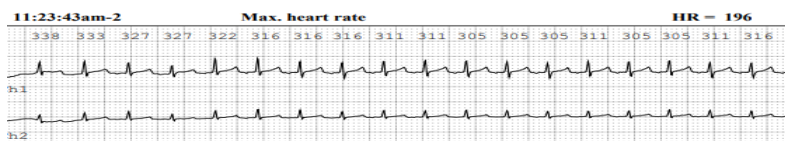
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Max HR 11:23am

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
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