



PATIENT

Comet Fiorentino

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

11 years

WEIGHT

81 lbs

INTERPRETED BY

Brad Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

-

HOSPITAL NAME

Plainfield AH

REFERRING VET

Dr. Sachina Lyons-
Brown

INVOICE

75171

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Reason for the Holter: Stage B1 Valvular Disease

HOLTER MONITOR STUDY

Total Beats: 101361

Heart rate

Mean: 71

Minimum: 31

Maximum: 276

Predominant Rhythm: Normal sinus rhythm

Supraventricular Events: 155 (0 pairs, 0 runs)

Bradycardia Events: 12749, no significant pauses

Ventricular Ectopic Events

Ventricular premature complexes: 37

Ventricular premature couplets: 0

Ventricular runs or ventricular tachycardia: 0

HOLTER MONITOR FINDINGS

This study identifies rare isolated ventricular ectopy and occasional supraventricular ectopy in the setting of an otherwise normal sinus rhythm. Both atrial and ventricular premature complexes can occur in isolation, in otherwise healthy dogs. The rhythm should be monitored for progression, as structural heart disease can lead to progression in atrial ectopy, and may progress to atrial fibrillation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given these findings, no cardiac therapy is indicated at this time. A repeat echocardiogram is recommended in 6 months to monitor for progression in the underlying mitral valve disease.

Anesthesia considerations:

If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Pre-medication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

Diet:

Ensure feeding a grain-inclusive diet if possible. A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for



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maintaining optimal body condition with mild dietary sodium restriction (<100 mg/100 kcal) is recommended. Consider omega-3 fatty acid supplementation.

Activity:

Avoid strenuous activity.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

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