

PATIENT

Oliver Pettingill

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

18 Years

WEIGHT

13.1

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Caravan Vet

REFERRING VET

Dr. Andrea Nason

INVOICE

35973

DATE

2/26/26

PRESENTING CLINICAL SIGNS

Reason for the Holter: Arrhythmia evaluation

Was an echo ever done on the animal? Yes, see attached for report.

Any Medications:

- PhosBind- Give 1 scoop q 24hr, divided evenly across feedings.
- RenaKare Powder (2 mEq per 1/4 tsp)- Sprinkle 3/8 tsp on food q 12hr.
- Solensia- Give 1 vial SQ q 30d.
- Amlodipine 2.5 mg/mLs- Give 0.25 mLs (0.625 mg) PO q 24hr

HOLTER MONITOR RHYTHM ASSESSMENT AND FINDINGS

Assessment

The dominant rhythm is sinus with a sinus tachycardia. There are occasional ventricular ectopic beats throughout the 24 hour period. There are instances in a change in morphology of the QRS complexes as well. Of the ventricular ectopics, there are two recorded runs of ventricular tachycardia. One of the recorded runs is a ventricular premature complex followed by a pause that is then followed by a couplet, and then there is one instance of a ventricular rhythm at a rate averaging between 250 to 270 beats per minute.

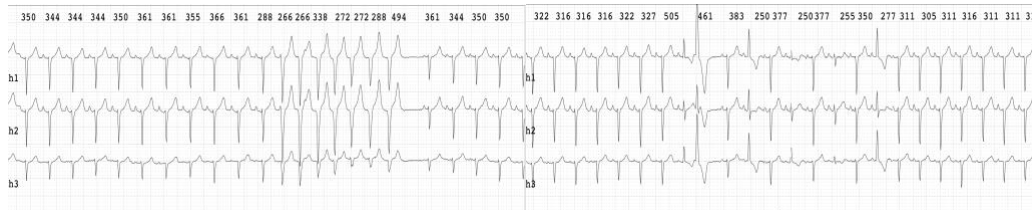
Findings

- Sinus rhythm
- Occasional ventricular ectopic complexes

RECOMMENDATIONS

While the patient is having some ventricular arrhythmias, and there is one instance of a non-sustained run of a ventricular rhythm, I wouldn't start anti-arrhythmics at this time. However, anti-arrhythmics may be needed in the future, and I would recommend rechecking Holter in 6-9 months, sooner if cardiovascular clinical signs are developing for the patient.

IMAGES



The information and recommendations provided are based on the images presented by the



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referring veterinarian/sonographer. 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.

Sara Brethel DVM, DACVIM (Cardiology)

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