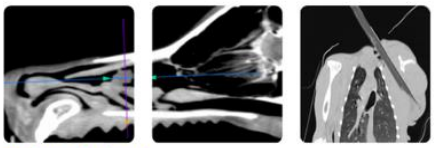

PATIENT

Elvis Scholz

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

11 Years

WEIGHT

31.8 kg

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Fergus Vet Hospital

REFERRING VET

Dr. Sutton

INVOICE

14413

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- mitral valve disease

Abnormal PE/Chem/CBC/UA Results: patient diary attached.

HOLTER MONITOR RHYTHM ASSESSMENT AND FINDINGS

Assessment

The underlying rhythm is atrial fibrillation with a mean heart rate of 141 beats per minute. There are occasional ventricular ectopic beats, however, the majority of them display a long, short sequence consistent with phase 3 aberrancy and Ashman's phenomenon.

Findings

- Atrial fibrillation with phase 3 aberrancy and a mean heart rate of 141 beats per minute.

RECOMMENDATIONS

The patient has atrial fibrillation and with the mean heart rate being greater than 124 beats per minute, additional antiarrhythmic therapy and control is indicated at this time. It is unclear if the patient requires Sotalol therapy.

Based upon this current Holter monitor, Sotalol is not indicated, especially with the ventricular complexes not being truly ventricular in origin, rather phase 3 aberrancy. However, if the patient has been on Sotalol for over a year, I would be cautious about stopping it. I do think diltiazem should be implemented. Diltiazem at a dose of 0.50 to 1.0 mg/kg every 8 hours for the non-extended release. If using the extended-release formulation, the dose is 2 mg/kg twice a day. If using the extended release, only using the brand Dilacor, this particular brand comes in 240 mg tablets.

There are four internal tablets within the capsule and clients are instructed to open the capsule, inspect the tablets, and then give the amount of tablets required for the dose, bearing in mind that when getting it from pharmacies, you need to specifically say the brand and ensure that the tablets are within the capsule, otherwise a serious overdose can occur.

If considering stopping the Sotalol therapy, I would taper it, i.e. giving one tablet in the morning, half a tablet in the evening for four days, half a tablet twice a day for four days, half a tablet once a day for four days, and then discontinuing it. This medication cannot be stopped abruptly either.

Patients can be on Sotalol and diltiazem at the same time. Can consider rechecking the Holter after starting diltiazem in four to six weeks. If there's optimal control and no significant ventricular ectopics, then I would likely keep the therapies the same at this time. If there's optimal control in four to six weeks, a recheck Holter would be recommended again in six months.

Looking through the medications, Pimobendan is not listed as a therapy. If the patient is not on Pimobendan, they should be started on it, especially with a history of a DCM phenotype and congestive heart failure. A dose of 0.27 to 0.32 mg/kg twice daily is recommended.

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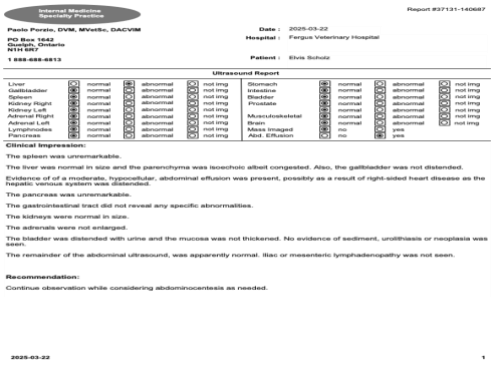
Additionally, spironolactone is also recommended. A dose of 2 mg/kg once daily. This is used for aldosterone antagonism.

IMAGES



Internal Medicine Specialty Practice

Report #37131-140687

Paolo Porzio, DVM, MVetSc, DACVIM
PO Box 1642
Guelph, Ontario
N1H 6R7
1 888-888-8813

Date : 2025-03-22
Hospital : Fergus Veterinary Hospital
Patient : Elvis Scholz

Ultrasound Report

Liver	☐ normal	☐ abnormal	☐ not img	Stomach	☐ normal	☐ abnormal	☐ not img
Gallbladder	☐ normal	☐ abnormal	☐ not img	Intestine	☐ normal	☐ abnormal	☐ not img
Spleen	☐ normal	☐ abnormal	☐ not img	Bladder	☐ normal	☐ abnormal	☐ not img
Kidney Right	☐ normal	☐ abnormal	☐ not img	Prostate	☐ normal	☐ abnormal	☐ not img
Kidney Left	☐ normal	☐ abnormal	☐ not img		☐ normal	☐ abnormal	☐ not img
Adrenal Right	☐ normal	☐ abnormal	☐ not img	Musculoskeletal	☐ normal	☐ abnormal	☐ not img
Adrenal Left	☐ normal	☐ abnormal	☐ not img	Brain	☐ normal	☐ abnormal	☐ not img
Lymphnodes	☐ normal	☐ abnormal	☐ not img	Mass Imaged	☐ no	☐ yes	
Pancreas	☐ normal	☐ abnormal	☐ not img	Abd. Effusion	☐ no	☐ yes	

Clinical Impression:

The spleen was unremarkable.

The liver was normal in size and the parenchyma was isoechoic albeit congested. Also, the gallbladder was not distended.

Evidence of of a moderate, hypoechoic, abdominal effusion was present, possibly as a result of right-sided heart disease as the hepatic venous system was distended.

The pancreas was unremarkable.

The gastrointestinal tract did not reveal any specific abnormalities.

The kidneys were normal in size.

The adrenals were not enlarged.

The bladder was distended with urine and the mucosa was not thickened. No evidence of sediment, urolithiasis or neoplasia was seen.

The remainder of the abdominal ultrasound, was apparently normal. Iliac or mesenteric lymphadenopathy was not seen.

Recommendation:

Continue observation while considering abdominocentesis as needed.

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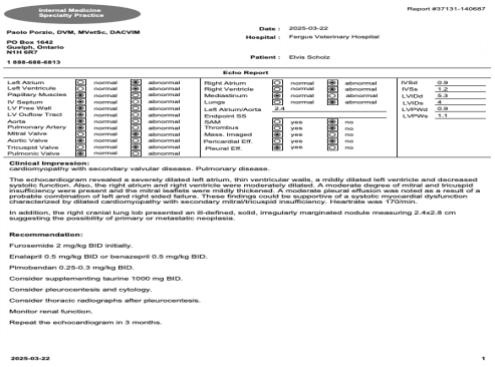

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PO Box 1642
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Date : 2025-03-22
Hospital : Fergus Veterinary Hospital
Patient : Elvis Scholz

Echo Report

Left Atrium	☐ normal	☐ abnormal	Right Atrium	☐ normal	☐ abnormal	IVSd	0.9
Left Ventricle	☐ normal	☐ abnormal	Right Ventricle	☐ normal	☐ abnormal	IVSs	1.2
Papilary Muscles	☐ normal	☐ abnormal	Mediastinum	☐ normal	☐ abnormal	LVIDd	5.3
IV Septum	☐ normal	☐ abnormal	Lungs	☐ normal	☐ abnormal	LVIDs	4
LV Free Wall	☐ normal	☐ abnormal	Left Atrium/Aorta	2.1		LVPWd	0.9
LV Outflow Tract	☐ normal	☐ abnormal	Endpoint SS			LVPWs	1.1
Aorta	☐ normal	☐ abnormal	SAM	☐ yes	☐ no		
Pulmonary Artery	☐ normal	☐ abnormal	Thrombus	☐ yes	☐ no		
Mitral Valve	☐ normal	☐ abnormal	Mass. Imaged	☐ yes	☐ no		
Aortic Valve	☐ normal	☐ abnormal	Pericardial Eff.	☐ yes	☐ no		
Tricuspid Valve	☐ normal	☐ abnormal	Pleural Eff.	☐ yes	☐ no		
Pulmonic Valve	☐ normal	☐ abnormal					

Clinical Impression:

cardiomyopathy with secondary valvular disease. Pulmonary disease.

The echocardiogram revealed a severely dilated left atrium, thin ventricular walls, a mildly dilated left ventricle and decreased systolic function. Also, the right atrium and right ventricle were moderately dilated. A moderate degree of mitral and tricuspid insufficiency were present and the mitral leaflets were mildly thickened. A moderate pleural effusion was noted as a result of a probable combination of left and right sided failure. These findings could be supportive of a systolic myocardial dysfunction characterized by dilated cardiomyopathy with secondary mitral/tricuspid insufficiency. Heartrate was 170/min.

In addition, the right cranial lung lob presented an ill-defined, solid, irregularly marginated nodule measuring 2.4x2.8 cm suggesting the possibility of primary or metastatic neoplasia.

Recommendation:

Furosemide 2 mg/kg BID initially.

Enalapril 0.5 mg/kg BID or benazepril 0.5 mg/kg BID.

Pimobendan 0.25-0.3 mg/kg BID.

Consider supplementing taurine 1000 mg BID.

Consider pleurocentesis and cytology.

Consider thoracic radiographs after pleurocentesis.

Monitor renal function.

Repeat the echocardiogram in 3 months.

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

info@SonoPath.com