
PATIENT

Trip Montemagni

PRESENTING CLINICAL SIGNS

History: Trip is doing well with a good appetite and normal activity. He has only had one collapse episode noted 1.5 yrs ago.

Current medication: Sotalol 120 mg 1/2 tab twice a day

Prior echo results (BS/Navix 1/7/26): MR/TR; essentially normal echo. ECG showed single VPCs.

DIARY: Limited.

SPECIES

Canine

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT
BREED

Boxer

SEX

MN

Time analyzed	22:30h
Mean heart rate	87bpm
Maximum heart rate	189bpm
Minimum heart rate	66bpm
VPCs	3372 singles, 50 pairs
APCs	0

AGE

10 years

Interpretation: Underlying normal sinus rhythm. Max heart rate is sinus in origin and does not correlate with the diary (2:20pm). Persistent VPCs are seen; primarily singles with 50 couplet. Bi and quadrigeminy noted. No APCs or other dysrhythmias are observed. Occasional escape beats while sleeping (physiologic).

WEIGHT

65 lbs

Rhythm diagnosis: Sinus rhythm with persistent ventricular arrhythmias.

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sinus rhythm with persistent ventricular arrhythmias. The frequency is concerning (>3000 in 24 hours) and there are couplets noted throughout.

IMAGING PERFORMED BY

Mass Veterinary

In a Boxer presumably with ARVC, electing to treat arrhythmias is based upon clinical signs and amount/degree of arrhythmia identified. Unfortunately there is always an elevated risk for collapse and sudden death in any arrhythmic patient, and even on medications this risk unfortunately still persists. Even without reported clinical issues at this time, recommend dual therapy with Mexilitene as below. If the client is averse to this change, simple monitoring may be reasonable given a lack of symptoms; however, concern for acute sudden death is always elevated in this breed.

HOSPITAL NAME

 Mass Veterinary
 Services

Monitor at home for collapse, exercise intolerance, and/or cough. Mild activity restriction is advised in arrhythmic patients.

Anesthesia is not advised.

REFERRING VET

Dr. Masloski

Plan: Consider institution of mexilitene 5-7mg/kg PO q8h. Continue sotalol 1-2mg/kg PO q12h. Reassess ECG or holter in 1-2 weeks (ie resolution or at least dramatic improvement in the frequency of the arrhythmia would be expected).

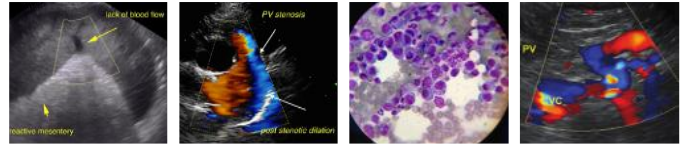
INVOICE

46375

A recheck ECG or holter is recommended in 6 months to assess for progression, sooner if collapse develops.

DATE

1/13/26



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IMAGES

550 583 511 333 688 511 283 244 911 577 705

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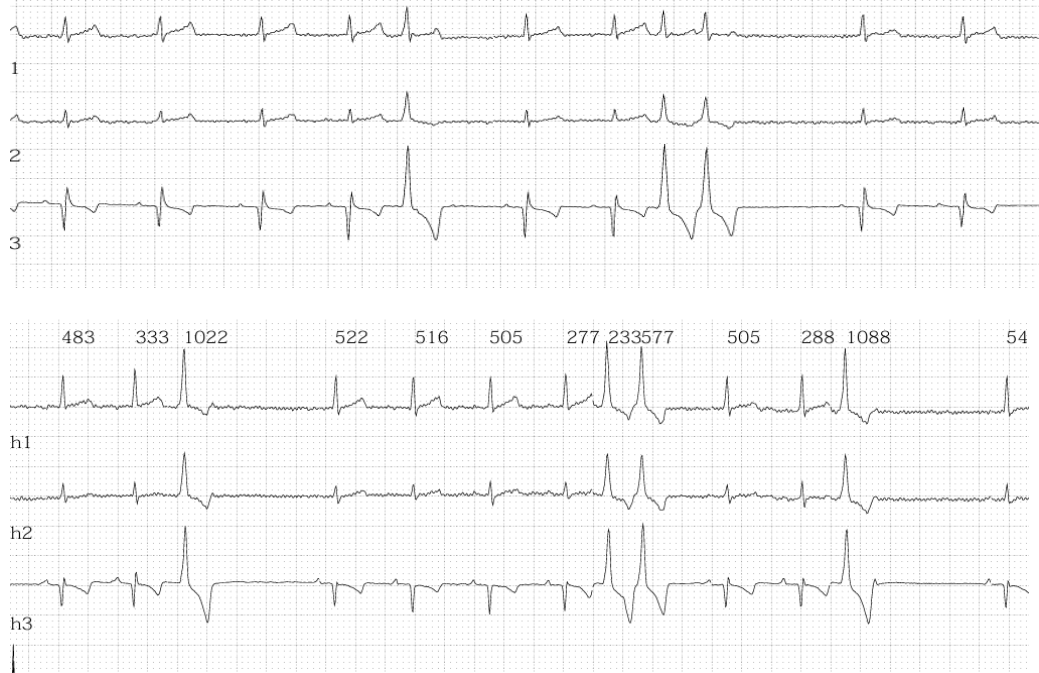
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INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)



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.

IMAGING PERFORMED BY

Mass Veterinary

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

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Mass Veterinary
Services

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