



**PATIENT**

Lexi Smith

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

FS

**AGE**

9 years

**WEIGHT**

75.5lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**HOSPITAL NAME**

Wood River Animal  
 Hospital

**REFERRING VET**

Dr. Schuelke

**INVOICE**

28070

**DATE**

1/3/23

**PRESENTING CLINICAL SIGNS**

History: History of frequent VPCs in the presence of normal cardiac structure and function - Dx. ARVC. Prior Echo/ECG 6/10/22. Holter monitor 7/14/22 (both interpreted by Maggie Machen Lamy, DVM, DACVIM-Cardiology). On December 19th, she had a first time seizure lasting 10 seconds, associated with urination and stiff neck. Just prior to seizure, she was coughing/gagging. After seizure, she was tachypneic, but auscultation was normal other than the arrhythmia. Current medications: Vetoryl 60 mg, 1 cap QD (for atypical Cushing's); Sotalol 80 mg, 1/2 tab BID. Blood pressure on 12/23: 125 mmHg.

**ELECTROCARDIOGRAPHIC FINDINGS** \*Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 90bpm (range 75-100bpm). The rhythm is sinus in origin. Isolated VPCs; monomorphic, 6 in a 1 min tracing. No supraventricular ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with respiratory variation. Isolated VPCs.

**INTERPRETATION OF THE FINDINGS**

Compared to the prior tracing (ie prior to Sotalol therapy), there is evidence of improvement. While single VPCs persists, markers of malignancy are low and no further couplets are seen. Certainly no evidence of VT or other malignant arrhythmias are identified to explain the episode.

Even without VT seen here, this does not rule out sustained tachycardia as a possible cause of the event. A 1 minute tracing is of low sensitivity, and a holter monitor is strongly recommended in this patient. As an alternative, monitoring at home can be elected; however, if any further episodes occur this will be of increased importance. Based upon what we know so far, no change to the current therapy is indicated.

Prognosis remains guarded, with risk for acute collapse and sudden death lifelong. Activity restriction is advised going forward.

**RECOMMENDATIONS**

- Continue sotalol 80mg tablets, give ½ tab PO q12h.
- Highly recommend holter monitor application, particularly if further episodes are identified.
- Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily as tolerated).
- Lifelong mild to moderate activity restriction.
- Lifelong mild to moderate activity restriction is advised.

**PLAN**

- If the patient does well at home, recommend conservative monitoring with a recheck ECG and echocardiogram in 6 months, sooner if any development of clinical signs.



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**IMAGES**



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  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com