



PATIENT

Jericho Benner

SPECIES

Canine

BREED

Boxer

SEX

Male Neutered

AGE

8 years

WEIGHT

74lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Daniels

HOSPITAL NAME

Cummings Veterinary
Hospital

REFERRING VET

Dr. Daniels

INVOICE

46366

DATE

1/8/26

PRESENTING CLINICAL SIGNS

History: On 12/27/25 Jericho presented for syncopal episode. Dr. ausculted a grade 1/6 heart murmur. ECG showed VPCs. CXR normal. Started on Sotalol 80mg BID. Recheck 1/2/26 for a recheck EKG. Less VPCs noted. Doing well since. Abnormal PE/Chem/CBC/UA Results: 4dx-negative, T4- 1.8ug/dL (0.8-3.5)

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; 25 and 50mm/s, 10mm/mV. The average heart rate is 140bpm. The rhythm is sinus in origin. The P and QRS morphologies are positive. VPCs are noted; monomorphic. Singles and couplets. No supraventricular ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation. Single and couplet VPCs.

*A second ECG is included dated 1-2-26. Findings are similar; no couplets observed. Single VPCs persist at similar frequency.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The initial ECG does show single and couplet VPCs, as were mentioned in the history. The finding of couplets raises concern particularly in a syncopal Boxer, and anti-arrhythmic therapy was indicated. What is difficult to understand, is if the medication was appropriate (ie the choice of Sotalol v Mexilitene is often dictated by echo results), and if the response successful. The patient is reportedly doing well and the couplets appear to have resolved which is a good start; however, frequent single beats persist which is concerning.

VPCs are generated from abnormal conductive or fibrotic tissue in the ventricles of the heart muscle, and even frequent single ectopic beats often cause no clinical signs in animals. When sustained however, ventricular tachycardia can lead to symptoms such as lethargy and collapse, and ultimately can lead to fibrillation and sudden death. It is assumed that this was the cause of reported syncope in this case, although speculative.

When addressing arrhythmias, two things must be considered; 1. Is an underlying cause evident or is this primary arrhythmic disease? And 2. Is anti-arrhythmic therapy warranted?

In an 8yo Boxer, ARVC is the likely diagnosis in this case. An echocardiogram to assess cardiac structure and function is highly recommended, as ARVC does have a dilated form that can lead to CHF. If normal, an abdominal ultrasound to monitor for any underlying abnormalities or lesions are reasonable. Additionally screening lab work is advised to assess for electrolyte abnormalities.

The decision of continuing Sotalol v changing to or adding Mexilitene does require more information in this case. One option is to leave well enough alone, given a patient doing well and only single beats seen here (albeit the tracing is quite short). An echocardiogram will help confirm if DCM is also present, in which case changing to Mexilitene may be warranted. Finally, a holter should be performed to fully understand the extent of the arrhythmia and is recommended (can be rented through SonoPath). Discussion with the owner is advised.

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. Monitor at home for collapse, exercise intolerance, and/or cough. Mild activity restriction is advised in arrhythmic patients. Omega fatty acid supplementation should be considered in any arrhythmic patient as well.

Anesthesia is NOT advised prior to further evaluation.



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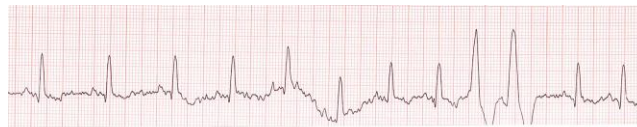
1/8/26

Plan: Consider further work up as discussed (echocardiogram, AUS, full lab work, holter).

If declined, monitor for associated clinical signs such as collapse and recheck an ECG in 3-4 months if the patient continues to be asymptomatic at home.

IMAGES

Pre



Post



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. This report was generated using transcription software, and minor dictation errors may be present. 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

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