



PATIENT

Jax O'Connell

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

53lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Red River AEHR

REFERRING VET

Dr. Kuhlman

INVOICE

46269

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Recheck ECG to evaluate in-treatment status while on Sotalol. HR today was 130bpm. Holter (11-10-25): Malignant ventricular arrhythmias w VT, +6000 VPCs

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 110bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. Three isolated VPCs. No supraventricular ectopic beats, pauses or other dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with respiratory variation. Isolated (3) VPCs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck ECG is presumably improved, with three single persistent VPCs seen. Ideally in the future a longer tracing is recommended for this type of screening (typically 5-10 minutes), as a true representation is difficult to make. A recheck holter is the gold standard as well, although often not possible. If there is any clinical concern, or patient develops any symptoms in the future such as collapse/lethargy, an extended recording or potentially a holter monitor may be indicated.

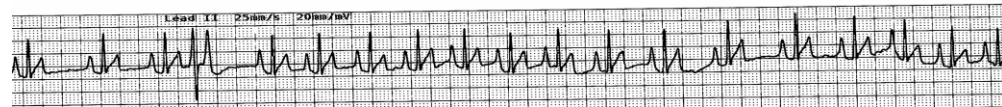
Even with presumed improvement/stability on sotalol, the risk for sudden death persists lifelong.

Fish oil supplementation is recommended for arrhythmic patients. Monitor at home for collapse, exercise intolerance, and/or lethargy.

Plan: Continue sotalol as prescribed. Consider a holter as discussed.

Reassess ECG/holter and echocardiogram in 6 months, sooner if clinical issues arise.

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. 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.

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