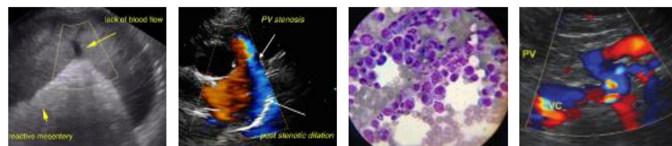


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Stitch Neal

SPECIES
Canine

BREED
Boxer

SEX
MN

AGE
3 years

WEIGHT
86 lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME
Oden VH

REFERRING VET
Dr. Vree

INVOICE
46097

DATE
12/8/25

PRESENTING CLINICAL SIGNS

History: Recheck. Diagnosed with likely ARVC causing ventricular arrhythmias at CVCA 10-31-25; singles and bigeminy. Echo was normal with a benign flow murmur. Chagas titer negative. Non-cardiac cough.
Holter (CVCA) showed 6618 pairs and 26 runs of VT. Rx Mexiletine 200mg BID, then increase to TID. Recheck holter in 2-3 weeks.
DIARY: none.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:18h
Mean heart rate	66bpm
Maximum heart rate	200bpm
Minimum heart rate	33bpm
VPCs	2563; 573 singles, 762 pairs, 69 runs (<180, many <160)
APCs	0

Interpretation: Underlying normal sinus rhythm. A diary is not included to correlate activity with findings. Max heart rate is sinus in origin. Persistent VPCs are seen; primarily singles with couplets and brief salvos of VT persisting. No R on T phenomenon; no sustained VT.

Rhythm diagnosis: Sinus rhythm with persistent ventricular arrhythmias.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sinus rhythm with persistent ventricular arrhythmias. While the frequency has improved, there are still a significant number of VPCs, couplets and brief runs of VT that are concerning

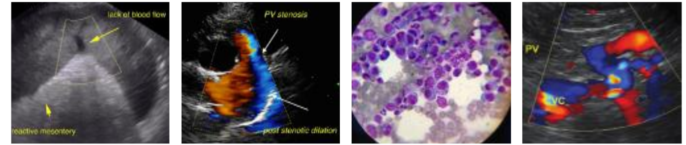
In a Boxer with ARVC, electing to treat arrhythmias is based upon clinical signs and amount/degree of arrhythmia identified. Unfortunately there is always an elevated risk for collapse and sudden death in any arrhythmic patient, and even on medications this risk unfortunately still persists. Even without symptoms, these findings are concerning despite Mexilitene, and dual therapy with Sotalol is recommend as below.

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

Anesthesia is not advised.

Plan: Recommend institution of mexilitene 5-7mg/kg PO q8h. Continue Mexilitene as prescribed. Institute sotalol 40mg PO q12h. Reassess ECG or holter in 2-3 weeks (ie resolution or at least dramatic improvement in the frequency of the arrhythmia would be expected).

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



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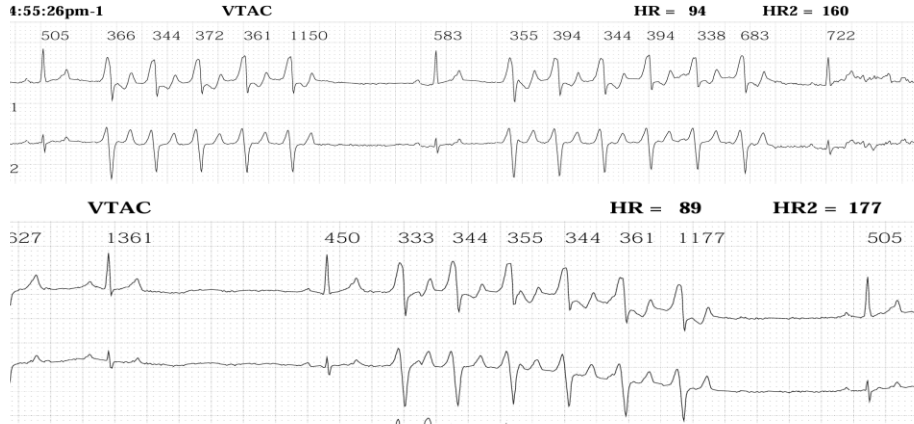

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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