



PATIENT

Loki Boivin

SPECIES

Canine

BREED

American Bulldog

SEX

MN

AGE

9 y

WEIGHT

83 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Moore

INVOICE

DATE

3/13/26

PRESENTING CLINICAL SIGNS

Acute onset of ventricular tachycardia on 3/1/26. Has just finished a course of doxycycline for Lyme disease. AUS showed splenomegaly with heterogenous parenchyma (cytology showed lymphoid hyperplasia and EMH). Re-presented to ER on 3/4 for rear-end ataxia, difficulty eating, and disorientation. ECG showed NSR, so symptoms considered to be secondary to potential side effects of antiarrhythmics or a possible hypoxic event. Currently receiving sotalol 60 mg BID and mexiletine 150 mg BID (decreased from 300 mg TID on 3/4).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve is normal. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonary valve are normal. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

LA - 43.0 mm
LVIDd - 43.3 mm
LVIDs - 27.7 mm
FS - 36%
RA - 33.4 mm
LVOT - 1.03 m/s
RVOT - 0.61 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 94 bpm
Rhythm: Sinus with two VPCs

The underlying rhythm is sinus in origin. The MEA is normal. All sinus complex amplitudes and intervals are within normal limits. There are two monomorphic late diastolic VPCs. No atrial ectopy or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease. As such, no reason for Loki's ventricular arrhythmia is appreciated in the image set. While Loki's breed suggests that he could be suffering from arrhythmogenic right ventricular cardiomyopathy (ARVC), the VPCs in his ECG are suggestive of an origin in the left ventricle, therefore, another cause of the arrhythmia could potentially be present.

As only two VPCs are seen in today's ECG, Loki's arrhythmia appears to be well-controlled with his current doses of sotalol and mexiletine. As Loki was previously receiving a high dose of mexiletine and the medication can potentially cause neurologic side effects, it's possible that this could have been the



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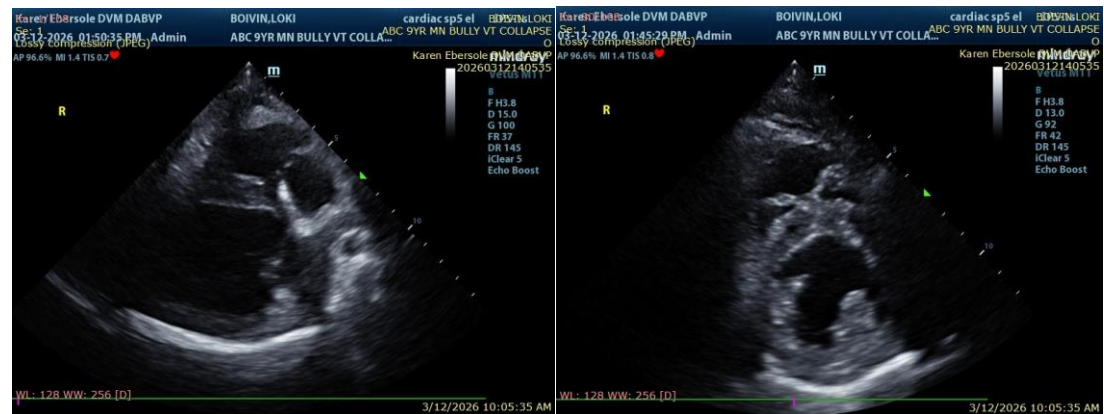
DATE

3/13/26

cause of his ataxia/disorientation.

No change in therapy is recommended based on these exams. Avoidance of strenuous activity is recommended.

A recheck ECG is recommended in 3 months. A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of structural heart disease develop.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Keith Blass, DVM, MS, DACVIM (Cardiology) info@SonoPath.com