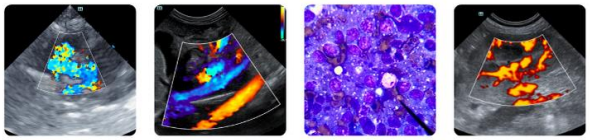


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Angel Finley

SPECIES
Canine

BREED
Labrador Mix

SEX
FS

AGE
10 y

WEIGHT
77 lb

INTERPRETED BY
Keith Blass, DVM, MS, DACVIM (Cardiology)

IMAGING PERFORMED BY
Karen Ebersole, DVM, DABVP

HOSPITAL NAME
Scanvet

REFERRING VET
Dr. Chadbourne

INVOICE

DATE
3/17/26

PRESENTING CLINICAL SIGNS
Pre-anesthetic ECG showed frequent VPCs. CXR WNL.

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 appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

LA – 39.2 mm
LVIDd – 42.0 mm
LVIDs – 29.5 mm
FS – 29.8%
RA – 29.8 mm
LVOT – 1.50 m/s
RVOT – 0.82 m/s

ELECTROCARDIOGRAPHIC FINDINGS
A six lead ECG is submitted for review.

HR: 150 bpm
Rhythm: Sinus with VPCs

The underlying rhythm is sinus in origin. The MEA is normal. All sinus complex amplitudes and intervals are within normal limits. There are intermittent single monomorphic VPCs that appear to be originating in the right ventricle. No atrial ectopy or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS
Normal echocardiogram
Ventricular premature complexes (VPCs)

This examination demonstrates no evidence of structural heart disease. As such, no reason for Angel's VPCs is appreciated in the image set. It's possible that her arrhythmia could be due to the presence of cardiac conduction system disease, though consideration should also be given to a non-cardiac cause, such as splenic/hepatic disease, neoplasia, infectious/inflammatory disease, drug/toxin exposure, severe electrolyte abnormalities, and elevated sympathetic tone. Angel's arrhythmia appears to be fairly mild, though careful monitoring for progression is recommended, as a more advanced arrhythmia can potentially result in exercise intolerance, syncope, or sudden death.

Angel's cardiovascular risk for general anesthesia is mildly to moderately increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of ketamine, telazol, and, if possible, anticholinergics in the anesthetic protocol. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure, and lidocaine (2 mg/kg slow IV) should be available in case a significant ventricular arrhythmia develops.

PATIENT

Angel Finley

SPECIES

Canine

BREED

Labrador Mix

SEX

FS

AGE

10 y

WEIGHT

77 lb

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Chadbourne

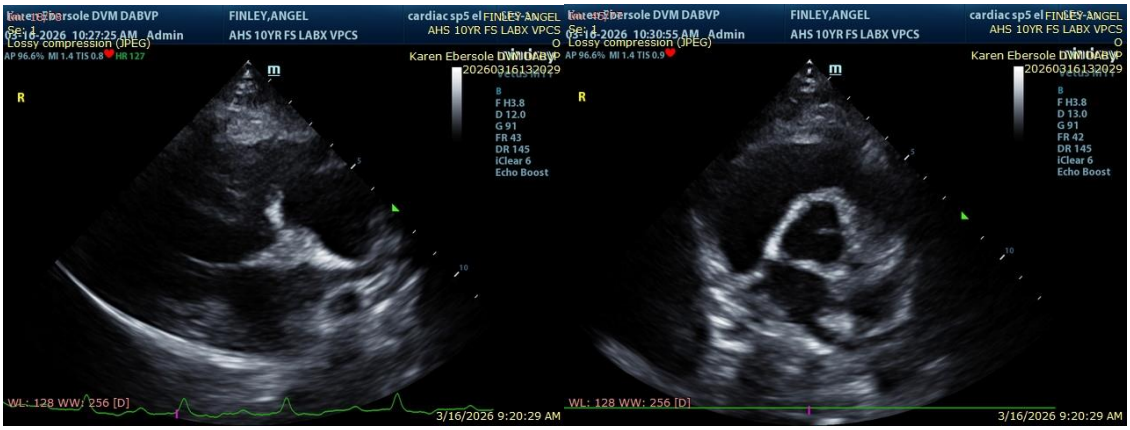
INVOICE

DATE

3/17/26

No therapy is recommended for Angel's arrhythmia at this time given that it is mild, though moderate exercise restriction is warranted.

A recheck ECG is recommended in one month. 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