

PATIENT

Turbo Bennina

SPECIES

Canine

BREED

Boxer

SEX

MN

AGE

11years

WEIGHT

40 kas

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Von Hausen

INVOICE

47043

DATE

3/2/26

PRESENTING CLINICAL SIGNS

History: 2 episodes of collapse last week after standing up from sleeping (became sternal and limp). none since. Echo shows stage B1-early B2 MVD, normal sinus rhythm on ECG. No other concerns. Medications: famotidine 60mg SID

Patient diary- 2 entries 16:39 - slight shivering/trembling while lying down (window open-improved with blanket) 17:32-17:42 - shivering, lying down resting, blanket again

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:59h
Mean heart rate	93bpm
Maximum heart rate	225bpm
Minimum heart rate	60bpm
VPCs	328 singles
APCs	0

Interpretation: Underlying normal sinus rhythm with presumably appropriate rate variation (diary not included). Frequent VPCs. VPCs are primarily LBBB morphology, indicative of an RV origin however some polymorphism is noted. Singles only with brief bigeminy.

Rhythm diagnosis: Sinus rhythm with frequent polymorphic VPCs.

RECOMMENDATIONS

Ventricular arrhythmias are appreciated, with 350+ VPCs in 24 hours. While the count could be much higher, some polymorphism is noted which is concerning.

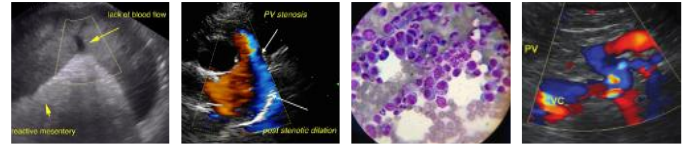
Although this patient reportedly has mild structural disease, there is also a significant arrhythmic issue. A primary arrhythmic disorder (such as ARVC, albeit a bit older than the typical age of onset) is suspected; however, full systemic evaluation is recommended based upon the age of the patient.

Given the amount of arrhythmia seen here, generally speaking treatment is not warranted. That said, in a collapsing boxer I would suggest erring on the side of caution with use of sotalol. A baseline BP is advised prior to initiating. Monitor for any significant lethargy or collapse in the patient. It is important to note that even in human trials, anti-arrhythmics have not been shown to prevent sudden death in these patients, and high risk will unfortunately persist. Activity/stress restriction is advised.

Once the arrhythmia is controlled, anesthetic risk is considered moderately elevated. Avoid ketamine, telazol, dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50—75mcg/kg/min).

Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily).

Plan: Baseline BP recommended. Institute sotalol 80mg tablets; Give ½ tab PO q12h.



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Recheck ECG and/or holter monitor and BP in 2-4 weeks to assess response. Full systemic evaluation as discussed.

SPECIES

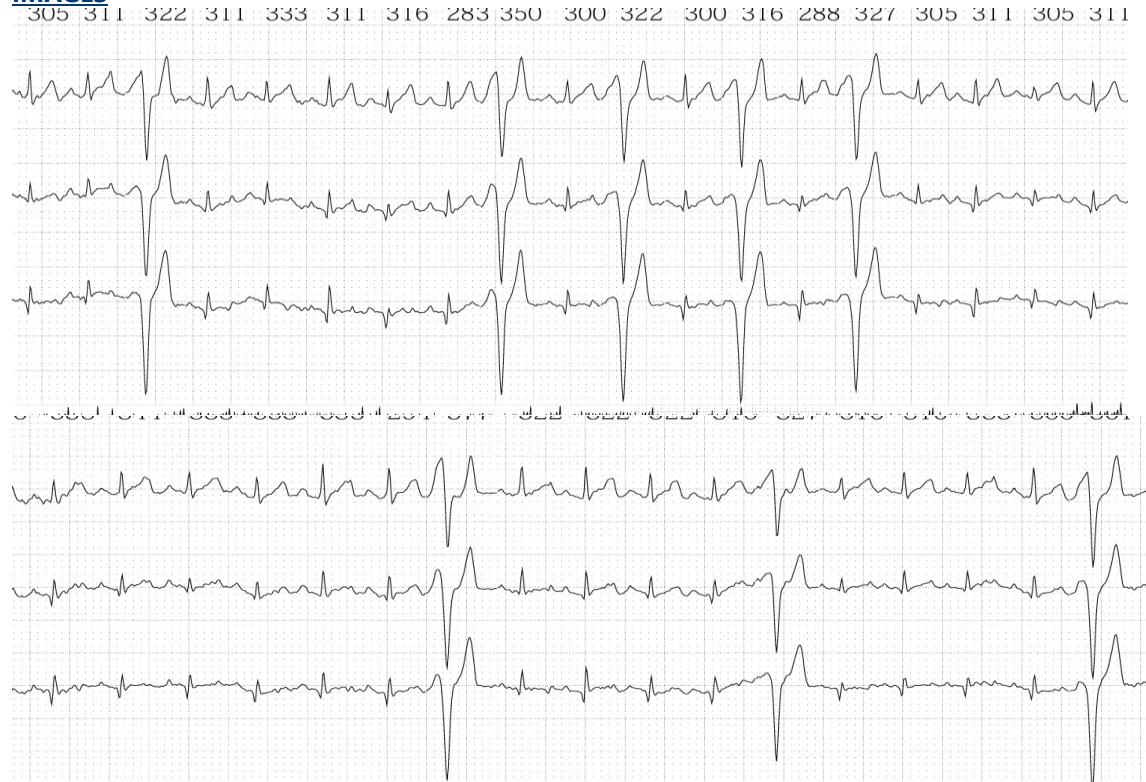
Canine

Monitor at home for collapse, exercise intolerance, and/or lethargy. Once on the medication, a recheck ECG/holter monitor/BP is recommended in 6 months, sooner if episodes of collapse recur.

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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.

HOSPITAL NAME

New Hamburg VC

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.

REFERRING VET

Dr. Von Hausen

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