



PATIENT

Max Singh

SPECIES

Canine

BREED

Labradoodle

SEX

MN

AGE

11 y

WEIGHT

83 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

DATE

5/14/26

PRESENTING CLINICAL SIGNS

Arrhythmia noted during echo prior to anesthesia for dental.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 125 bpm

Rhythm: Sinus with three VPCs

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

ASSESSMENT/RECOMMENDATIONS

Ventricular premature complexes (VPCs)

Max's ECG demonstrates the presence of three VPCs. Mild ventricular arrhythmias are well-tolerated in dogs, though careful monitoring for progression is recommended, especially during anesthesia.

Given the presence of VPCs, I recommend avoiding the use of alpha-2 agonists, ketamine, telazol, and, if possible, anticholinergics in the anesthetic protocol. Careful monitoring of Max's heart rhythm is recommended during the procedure, and lidocaine (2 mg/kg slow IV) should be available in case a significant ventricular arrhythmia develops.

No therapy is recommended for Max's arrhythmia at this time, though avoidance of strenuous activity is warranted.

A recheck ECG is recommended in 3 months.

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.

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