
PATIENT

Sarge Bovd

SPECIES

Canine

BREED

Boxer Mix

SEX

MN

AGE

6 years

WEIGHT

85 lbs

PRESENTING CLINICAL SIGNS

History: Sarge was noted to have an arrhythmia with frequent VPC's in April. An echocardiogram done at that time revealed a normal heart structure and function with frequent VPC's. E/d well. No v/d/c/s/PU/PD. Good energy level, no change. Acting like his normal self, loves the car. No labored breathing/trouble breathing. No exercise intolerance. No fainting episodes. Did food trials and family said that he is allergic to rice but they have recently started to add grapenuts for grains.

Current medications:

- 1) Thyroxine 0.8mg 1 tab twice a day
- 2) Apoquel 16mg 1 tab once daily
- 3) Sotalol 80mg 1/2 tab twice daily (1mg/kg BID)
- 4) Fish oil

DIARY: Included.

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

Time analyzed	23:47h
Mean heart rate	84bpm
Maximum heart rate	211bpm
Minimum heart rate	42bpm
VPCs	16983 singles
APCs	0

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. Max heart rate is sinus in origin and occurs with excitement. Frequent VPCs throughout. VPCs are primarily LBBB morphology, indicative of an RV origin. Singles only with brief trigeminy.

Rhythm diagnosis: Sinus rhythm with frequent monomorphic VPCs.

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RECOMMENDATIONS

Ventricular arrhythmias are appreciated, with nearly 17,000 VPCs in 24 hours. While the count complexity is low, the count is highly concerning.

HOSPITAL NAME

Mass Veterinary
 Services

Although this patient reportedly has no structural disease, there is clearly a significant arrhythmic issue. A primary arrhythmic disorder such as ARVC is suspected given the signalment/age; however, full systemic evaluation is recommended to ensure no contributing issues are found.

REFERRING VET

Dr. Masloski

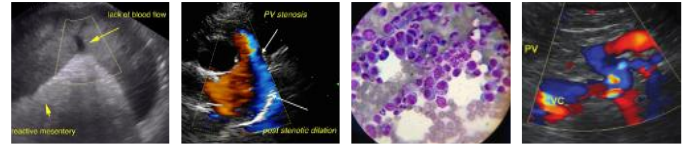
Given the amount of arrhythmia seen here there is concern that the current sotalol is ineffective. Without a baseline holter prior to treatment this is speculative; however, the count is markedly high. Options including a dose increase in sotalol v addition of mexilitene. The latter is recommended, as dual therapy has been shown to have superior benefits with ARVC. 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.

INVOICE

477556

DATE

5/5/26



PATIENT

Sarae Bovd

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).

SPECIES

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

BREED

Boxer Mix

Plan: Baseline BP recommended. Continue sotalol 80mg tablets; Give ½ tab PO q12h. Institute Mexilitene 5-7mg/kg PO q8h (available in 150 and 250mg capsules)

SEX

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

MN

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.

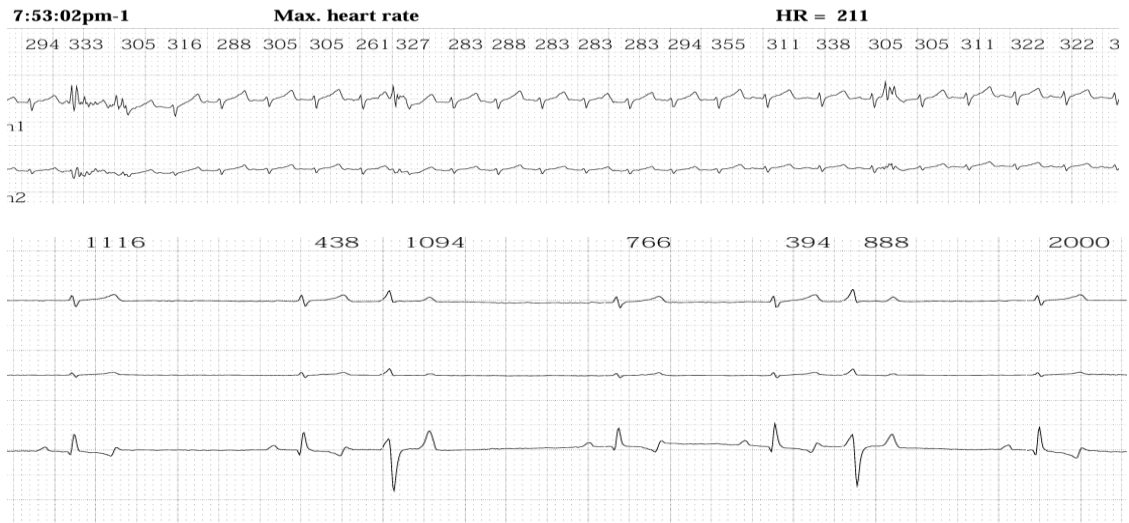
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IMAGES

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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.

IMAGING PERFORMED BY

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

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.

INVOICE

Maggie Machen Lamy, DVM
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