



**PATIENT**

Gemma Racz-Thorn

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Female Spayed

**AGE**

9 years

**WEIGHT**

66.1lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

Wellington Animal  
Hospital

**REFERRING VET**

Dr. Dennis

**INVOICE**

24856

**DATE**

6/20/22

**PRESENTING CLINICAL SIGNS**

History: Recheck ECG following sotalol (40mg BID).  
Pertinent previous echo findings (MML 6/2/22): Echo nsf; ECG NSR with frequent VPCs, occ APCs

**ELECTROCARDIOGRAPHIC FINDINGS** \*Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 50mm/s, 20mm/mV, 85s. The average heart rate is 110bpm (range 81-142bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. A single VPC is identified. No APCs or additional dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with a single VPC.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recheck ECG is significantly improved, with a single persistent VPC seen in nearly 90s. This is a significant improvement when compared to the prior tracing. A holter would be the ideal monitoring tool; however, if the patient is doing well this is certainly a good sign. If there is any clinical concern, or patient develops any symptoms in the future such as collapse/lethargy, an extended recording or potentially a holter monitor may be indicated.

Even with improvement/stability on anti-arrhythmic medications, the risk for sudden death persists lifelong.

Fish oil supplementation is recommended for arrhythmic patients. Monitor at home for collapse, exercise intolerance, and/or lethargy.

Plan: Continue sotalol as prescribed.

Reassess ECG/holter and echocardiogram in 6 months, sooner if clinical issues arise.

**IMAGES**



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.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. 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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