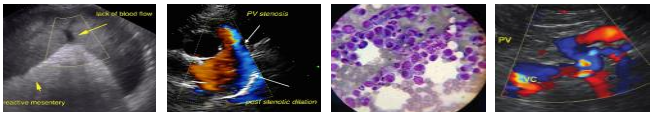


SonoPath.com
1-800-838-4268 info@sonopath.com

DATE

6/29/22

PERFORMED BY:

Dr. Ebersole

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT

Albert Bolduc

SPECIES

Canine

BREED

Cocker Spaniel

SEX

MN

AGE

9 y

WEIGHT

33 lb

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Sanders

PRESENTING CLINICAL SIGNS

History: Multiple episodes of collapse over the past 2 days. PE – intermittent pale mucous membranes, irregular heart rhythm. AUS showed a large, cavitated splenic mass with several smaller splenic nodules and moderate peritoneal effusion. Brief echo showed no right heart enlargement or pericardial effusion.

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 107-300 bpm
Rhythm: Sinus with VPCs/ventricular tachycardia

The underlying rhythm is sinus in origin. The MEA of the sinus beats is normal. All sinus complex amplitudes and intervals are within normal limits. There are frequent ventricular premature beats exhibiting a right bundle branch block morphology, as well as multiple paroxysms of ventricular tachycardia at a rate approaching 300 bpm. A single instance of second-degree AV block is seen. No atrial ectopy is seen.

ASSESSMENT/RECOMMENDATIONS

Albert's ECG demonstrates the presence of frequent VPCs and paroxysms of ventricular tachycardia, which have likely developed secondary to his splenic mass. Given the presence of ventricular tachycardia, it's possible that Albert's arrhythmia could be the cause of his collapsing episodes, however, if a hemoabdomen is present, this could be contributing as well.

If ventricular tachycardia returns, therapy with IV lidocaine (2 mg/kg slow injection, up to 4 injections in one hour) would be warranted, and it's possible that a lidocaine CRI (30-80 mcg/kg/min) may be necessary until enough time has elapsed for oral antiarrhythmic therapy to be effective.

Recommended initial oral therapy for Albert's arrhythmia is sotalol (30 mg BID).

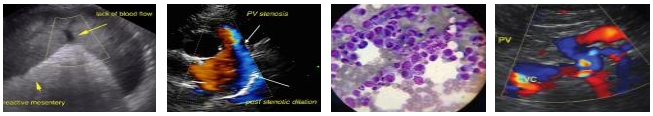
Continuous ECG monitoring is recommended until Albert's arrhythmia is better controlled, and again in two weeks.

If splenectomy is to be performed, I recommend avoiding the use of ketamine, telazol, and, if possible, anticholinergics in the anesthetic protocol. Lidocaine (boluses vs. CRI) should be available during the procedure.

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. 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)
KeithBlass@gmail.com



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631-804-5754

DATE

6/29/22

PERFORMED BY:

Dr. Ebersole

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT

Albert Bolduc

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