



PATIENT

Loki Boivin

SPECIES

Canine

BREED

American Bulldog

SEX

MN

AGE

9 y

WEIGHT

75 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Kutcher

INVOICE

DATE

6/5/26

PRESENTING CLINICAL SIGNS

Acute onset of ventricular tachycardia on 3/1/26. AUS at the time showed splenomegaly with heterogenous parenchyma (cytology showed lymphoid hyperplasia and EMH). Started on sotalol 60 mg BID and mexiletine 150 mg BID. Echocardiogram on 3/13/26 showed no evidence of structural heart disease. Doing well.

ELECTROCARDIOGRAPHIC FINDINGS

Six lead pre- and post-exercise ECGs are submitted for review.

HR: 100 bpm

Rhythm: Sinus

Normal sinus rhythm is present throughout these recordings. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

Normal ECG

These recordings demonstrate no abnormalities. This suggests that Loki's arrhythmia is well-controlled with his current medications, though, consideration can be given to placement of a Holter monitor to more comprehensively evaluate his heart rhythm.

Whether Loki's mexiletine dose can be lowered or discontinued is difficult to say, as it's unclear if his arrhythmia will return on a lower dose. Consideration can be given to lowering the dose to 100 mg TID (needs to be compounded) and rechecking another ECG two weeks after the dose is changed. If that ECG looks good consideration can be given to stopping the medication, though I'm not sure that I would recommend this given Loki's previous history of ventricular tachycardia. Avoidance of strenuous activity is recommended.

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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