



PATIENT

Lager Reabe

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

4 Years

WEIGHT

90 lbs

INTERPRETED BY

Brad Harris, DVM,
DACVECC, Residency
trained in cardiology

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Elia

INVOICE

72535

DATE

12/11/25

PRESENTING CLINICAL SIGNS

ECG abnormalities. R/O underlying abd. pathology for heart problems. Planned anesthesia procedure. Abnormal PE/Chem/CBC/UA Results: High panc value. AMY-2,382 PSL-513

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

| CANINE CARDIAC PARAMETERS | BW | HR BPM | LAD 4 ch Long | RAD 4 ch Long | La/Ao Heart Base | LVIDd | LVIDs |
|---------------------------|-------|--------|----------------|------------------|------------------|---------|----------------------------------|
| NORMAL PARAMETER | | 50-100 | | | <1.6 | | |
| PATIENT | 40.91 | 100 | 4.2 | 2.8 | 1.46 | 4.36 | 3.35 |
| CANINE CARDIAC PARAMETERS | FS | EPSS | PV V MAX (m/s) | AV V Max (m/sec) | MR Vmax | TR Vmax | RPA distensibility (normal >30%) |
| NORMAL PARAMETER | 28-40 | <0.6 | 0.7-1.6 | 0.7-1.7 | 4.5-5.5 | < 2.7 | |
| PATIENT | 23 | 0.3 | 1.2 | 1.2 | -- | -- | NM |

Cardiac Presentation

The left atrium is normal in dimension. The left ventricle is normal in dimension with normal systolic function. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation, prolapse, or myxomatous changes noted. The left ventricular outflow tract demonstrated normal laminar flow and the visible aorta is unremarkable. The right ventricular outflow tract assessment revealed normal laminar flow, and appropriate diameter and distensibility. There is no evidence of semilunar valve insufficiency. There is no visible pericardial, pleural, or free peritoneal fluid noted. The cardiac chambers, pericardial and visible extra-cardiac regions were free of masses, spontaneous echo contrast, or thrombi.

ULTRASONOGRAPHIC FINDINGS

- These findings identify a normal echocardiogram in the setting of a previously documented ventricular arrhythmia. Given the breed, the most likely explanation is arrhythmogenic right ventricular cardiomyopathy (ARVC) of Boxers. Boxer ARVC (also called Boxer Cardiomyopathy) is a hereditary disease that affects the heart muscle. ARVC can result in arrhythmias, syncope/fainting, sudden death or the development of congestive heart failure. However, it is possible that the arrhythmia could be related to an unidentified intra-abdominal lesion (e.g., of the spleen and adrenal glands).



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At this time, there are several options, to include (1) do nothing now, and simply monitor for progressive changes, especially as the dog is asymptomatic, (2) consider the merits of having a Holter performed to determine if the severity of the arrhythmia warrants therapy, or (3) go ahead and start therapy with sotalol (1-2 mg/kg orally every twelve hours), recognizing the reality that there is no current evidence documenting the ability of antiarrhythmics to reduce the risk of sudden death. If therapy is started (either with or without a Holter), a repeat echo, ECG and BP would be recommended to in 2-4 weeks to monitor for benefit/adverse effects of therapy. Otherwise, a repeat evaluation should be performed in another 3-6 months to determine if the arrhythmia has worsened.

Anesthesia considerations:

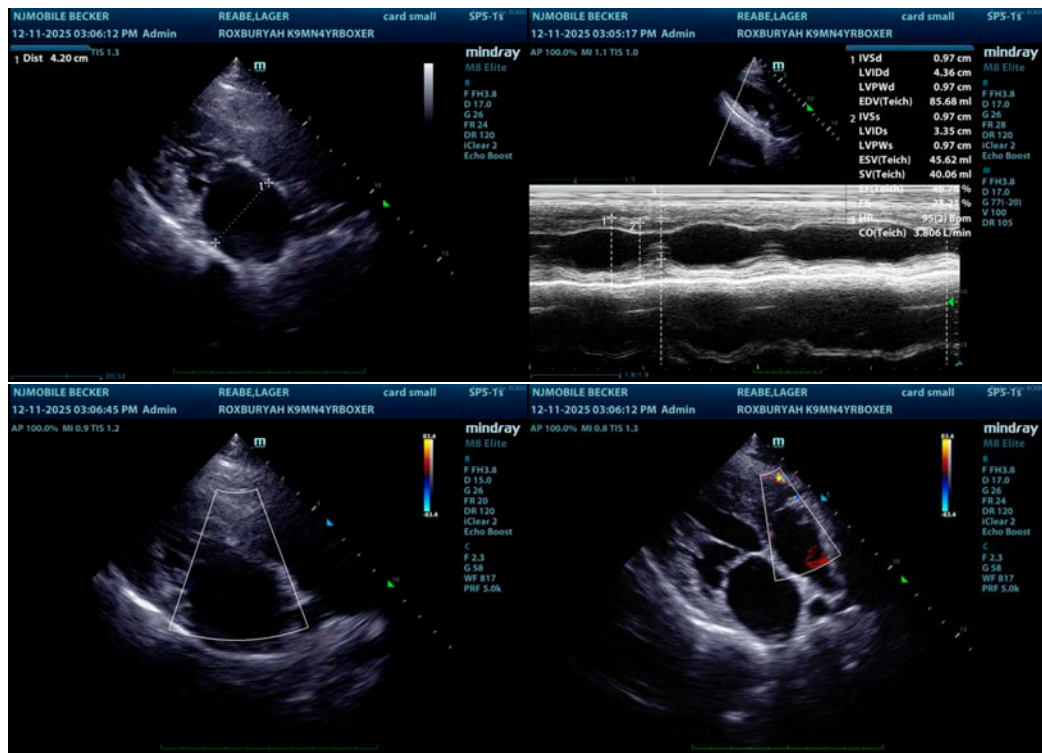
No special considerations are necessary.

Diet:

No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:

No special considerations are necessary.





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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.

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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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