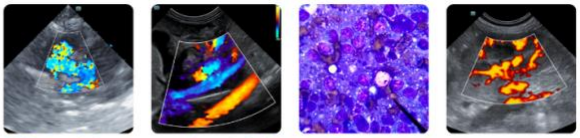

SonoPath www.carolinavetmobile.com info@carolinavetmobile.com 800.808.5948

PATIENT

Ruffin Jones

SPECIES

Canine

BREED

Rhodesian Ridgeback

SEX

Neutered Male

AGE

7 Years

WEIGHT

46 kg

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency Clinic of the High Country

REFERRING VET

Dr. Phipps

INVOICE

15239

DATE

04/20/26

PRESENTING CLINICAL SIGNS

P presented yesterday in Vtach- HR over 200 all VPC's
Echo done by another sonographer from another company- waiting on report from Cardiologist- Sonographer did not feel liek there was evidence of DCM or VPC's were heart related. Did abdomen scan and found splenic mass. Did splenectomy yesterday. P recovered well. P is on 4mg/kg Lidocaine and still having runs of VPC's, Will convert to sinus with a small amt of VPC's and then back to straight VPC's HR is between 54-130

ECG

The underlying rhythm is sinus in origin with a varying R-R interval and average heart rate of 120bpm. The majority of the QRS complexes are supraventricular in origin with consistent P-Q intervals. There are occasional isolated QRS complexes that are prolonged in duration (>70ms), suggesting a ventricular origin, as well as several runs of accelerated idioventricular rhythm. There is no evidence of atrioventricular block or atrial ectopy identified. This is most consistent with a normal sinus rhythm with intermittent ventricular ectopy and accelerated idioventricular rhythm.

ULTRASONOGRAPHIC FINDINGS

- Ventricular arrhythmias occur in many clinical settings, generally divided into cardiac and non-cardiac causes. Cardiac conditions include structural heart disease, pericardial effusion/cardiac neoplasia, and rarely myocarditis. Non-cardiac causes are common and include splenic disease, metabolic disease, electrolyte disturbances, tick-borne disease, fever, anemia, trauma, GDV, hepatic disease, GI disease, pancreatitis, DIC, and sepsis. Given the history of splenic mass resection, this is considered the most likely etiology of the ventricular ectopy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

At this time, consider weaning the lidocaine CRI. If the ectopy does not progress, then no further therapy may be indicated, as this rhythm is usually self-limiting post-operatively. If the rhythm persists, or the rate increases after discontinuing lidocaine, then anti-arrhythmic therapy may be necessary. In that case, then an echocardiogram would be indicated to determine if there is evidence of systolic dysfunction. If not, sotalol (1-2mg/kg BID) is indicated. If there is, then mexiletine (4-6mg/kg TID) may be preferential.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com