



PATIENT

Roxie Frank

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

11 Years

WEIGHT

49 pounds

INTERPRETED BY

Sara Brethel DVM,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Not Provided

HOSPITAL NAME

Mill Brook Animal
Clinic

REFERRING VET

Dr. Michele
Pfannenstiel DVM

INVOICE

14755

DATE

03/30/26

PRESENTING CLINICAL SIGNS

Reason for the Holter: noted an arrhythmia at wellness exam, repeatable and very obvious on echo

Was an echo ever done on the animal? Yes

HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT

The rhythm is primarily sinus with fairly frequent ventricular ectopic beats occurring in couplets by geminal patterns. One run of ventricular tachycardia and polymorphic beats. There are rare instances of second-degree AV block noted and insignificant supraventricular ectopic complexes.

FINDINGS

Ventricular premature complexes displaying occasional malignant morphology and second-degree AV block during periods of slower heart rates.

RECOMMENDATIONS

The patient is having ventricular premature complexes or VPCs. Sometimes these can be seen with primary heart disease in dogs and cats. Other diseases that can cause these abnormal heart beats include diseases of the liver or spleen, infectious tick-borne diseases, endocrine disorders, or sometimes they can be brought about by anxiety.

Given the structurally normal echocardiogram in the breed providing there are no other causes, the top differential includes arrhythmogenic cardiomyopathy. I would recommend starting antiarrhythmic therapy. Due to the complexity and the AV block, I would recommend starting mexiletine at a dose of 5 to 6 mg/kg every 8 hours ideally. There can be stomach upset. I recommend giving this with a small meal/food. I would also recommend the patient be on omega-3 fatty acids.

Typically, I recommend 40 mg/kg EPA and 25 mg/kg DHA. 4 to 6 weeks after starting therapy, a recheck Holter monitor is recommended to monitor their response to treatment to ensure additional adjustments are not needed.

Unfortunately, with ventricular arrhythmias, patients are at an increased risk of passing away suddenly. I would also recommend ensuring the patient is on a traditional grain-based diet if there is no history of a food allergy.

IMAGES



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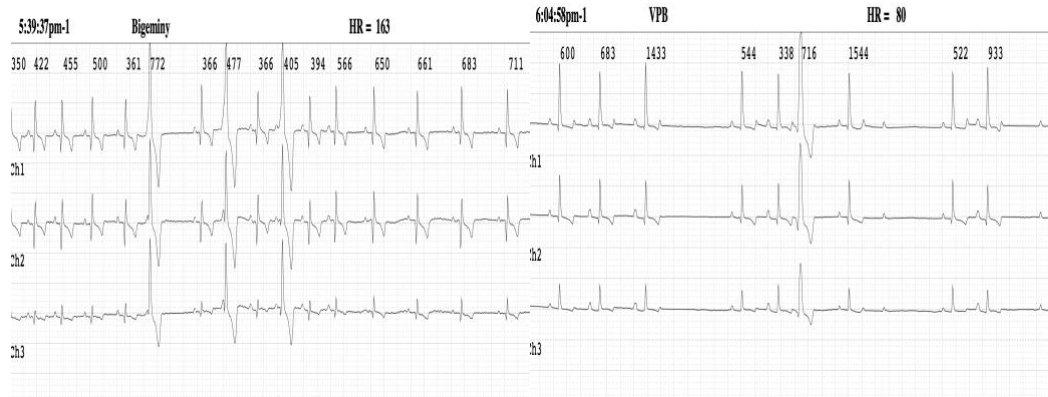
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sara Brethel DVM, DACVIM (Cardiology)

info@SonoPath.com