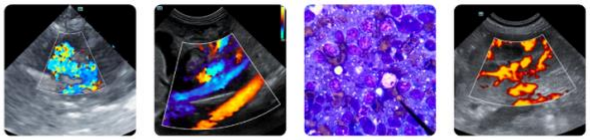

PATIENT

Sidney Russell

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

8 Years

WEIGHT

92 Pounds

INTERPRETED BY

Sara Brethel DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Sam Doverspike

HOSPITAL NAME

Franklin AC

REFERRING VET

Dr. Sam Doverspike

INVOICE

37576

DATE

6/17/26

PRESENTING CLINICAL SIGNS

History: Recent Hx of weakness

Abnormal PE/Chem/CBC/UA Results: EKG shows SVT w/ short intermittent runs of normal sinus rhythm. HR ranges up to 300 bpm.

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

CANINE CARDIAC PARAMETERS	**MR VMAX** (m/s)	**TR VMAX** (m/s)	**LA/AO** (M-Mode)	**LA/AO** (Heart Base; Swe)	**FS** (%)	**EF** (%)	**EPSS** (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	NM	--	NM	1.47	20.45	--	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LAD** LA MAX 4 Chamber	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	308	--	~0.8	41.81	--	3.52	2.8

***No other measurements were obtained.*

ECG Interpretation

The patient has ventricular tachycardia that spontaneously converts to a sinus rhythm. The VTAC displays R-on-T phenomena.

Cardiac Presentation

The mitral valve leaflets are normal and there is mild mitral regurgitation. There is no prolapse of the mitral valve leaflets. The left atrial size is normal. There is evidence of left ventricular underloading. There is normal right atrial size without evidence of tricuspid regurgitation. There is no prolapse of the tricuspid valve leaflets and no evidence of pulmonary hypertension on today's evaluation. The right ventricle subjectively appears normal in structure and function. The aortic and pulmonic valves have normal morphology, and the corresponding outflow velocities are within normal limits. There is no evidence of pulmonic or aortic insufficiency. The aorta appears normal. The pulmonary artery and associated branches appear normal. There is no evidence of pleural effusion, pericardial effusion, or intracardiac masses.

ULTRASONOGRAPHIC FINDINGS

- Mitral regurgitation

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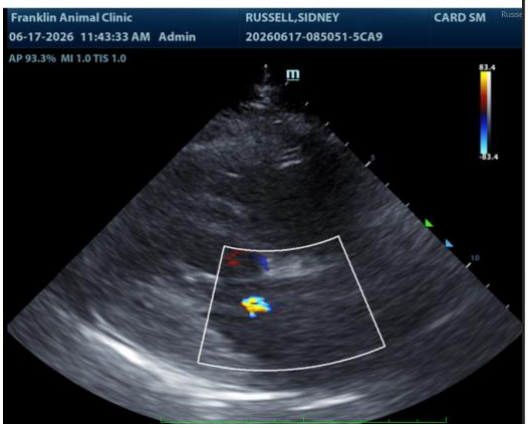
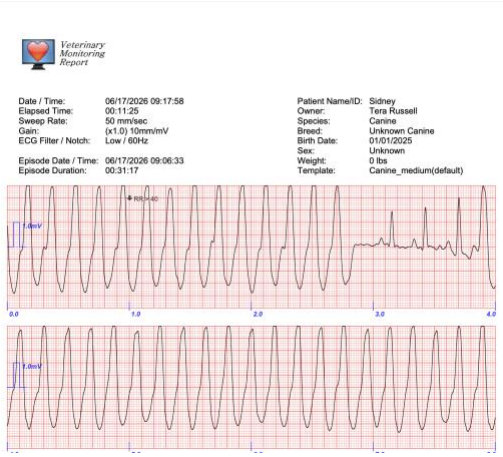
- Left ventricular underloading
- Ventricular tachycardia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nitral regurgitation and underloading may be secondary to the underlying patient's rhythm. The rhythm is severely irregular with periods of sustained paroxysmal ventricular tachycardia. This patient is at high risk of sudden cardiac death. There is also R-on-T phenomenon. Additional considerations include having the patient present to an emergency facility for stabilization. The patient may require IV therapy with lidocaine to help control the arrhythmia. Alternatively, can consider having the patient represent and start on Sotalol 80 mg twice daily, ensuring the blood pressure is normal, full blood work being normal, and ensuring there's no obvious masses affecting the liver or spleen. Given the patient's signalment, arrhythmogenic cardiomyopathy is highly suspected. However, other differentials can't be ruled out. After starting Sotalol therapy, recheck an ECG in 1-2 weeks, and then a Holter monitor is recommended in 3-4 weeks to ensure additional control is not needed. Also, this patient can start receiving fish oil supplementation (25 mg/kg DHA and 40 mg/kg EPA). A recheck echo is recommended in 4-6 months to monitor for any signs of structural heart disease.





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