


**PATIENT**

Gizmo Long

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

14 lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**
**HOSPITAL NAME**

 Mass Veterinary  
 Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

28372

**DATE**

1/17/23

**PRESENTING CLINICAL SIGNS**

History: Gizmo was noted to have a heart murmur in September at which time he was also diagnosed with stage II chronic kidney disease. A proBNP done in September was elevated at 684 with a normal thyroid level. He is presently eating well with normal activity although Gizmo can get a bit winded when chasing the laser. He does not have any C/S/V/D/PU/PD

\*Received propfol for holter placement.

Echo results (CS 12/2022): HOCCM with a mild obstruction, no LAE, mild MR/Trace TR; DRVOTO  
 ECG results (CS 12/2022): intermittent 2AVB, rare isolated VPCs

**HOLTER MONITOR FINDINGS AND RHYTHM ASSESSMENT**

Time analyzed	23:13h
Mean heart rate	169bpm
Maximum heart rate	276bpm
Minimum heart rate	126bpm
VPCs	67 singles
APCs	97 singles

Interpretation: Underlying normal sinus rhythm with appropriate rate variation. The cat is relatively sympathetically driven throughout, likely secondary to the vest being in place. No AV block appreciated. Single VPCs and APCs throughout; singles only and largely monomorphic in appearance.

Rhythm diagnosis: Sinus rhythm with isolated VPCs and APCs.

**RECOMMENDATIONS**

The primary abnormality identified is ventricular premature contractions (VPCs) and APCs as have been previously documented. The count is relatively low for a 24 hour period and markers of malignancy are low. The tracing is otherwise unremarkable without aforementioned AV block. This is difficult to explain unless the patient was previously sedated; however, no obvious bradyarrhythmias are seen.

VPCs and APCs can develop secondary to cardiac disease (mild reported), can be primary in origin (ie an electrical conduction issue) or can be secondary to extra-cardiac factors such as stress, pain, inflammation, systemic disease, neoplasia, etc. Given the age of the patient, consider screening for systemic issues if elected.

No therapy is typically warranted for arrhythmic cats with the exception of sustained tachyarrhythmias. No treatment is indicated in this case.

Monitor for any signs of progressive arrhythmia, including significant lethargy or collapse/syncope. Sudden death is unfortunately always a possibility in animals with arrhythmias, regardless of anti-arrhythmic therapy.

Anesthetic risk is considered moderately elevated with ventricular arrhythmias. Drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, alpha 2 agonists. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance. Monitor ECG intra and post-operatively, with careful intervention if ventricular arrhythmias are sustained (ie sustained VT) and lead to hemodynamic compromise.



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Monitor for any development of clinical signs at home, including labored breathing, cough or signs of a blood clot (paralysis, neurologic change).

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Plan: Consider systemic evaluation as discussed. Reassess ECG and echo 6 months to determine if Atenolol may be beneficial for both issues, sooner if any syncope is noted in the interim.

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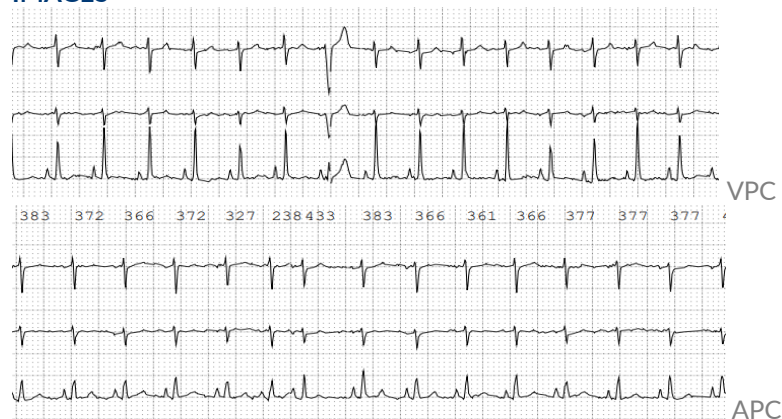
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**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**IMAGING PERFORMED BY**

Maggie Machen Lamy, DVM  
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