



PATIENT

Stormy Ladouceur

SPECIES

Feline

BREED

DLH

SEX

Female Intact

AGE

8 months

WEIGHT

5.4lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Woodstock Veterinary
 Hospital

REFERRING VET

Dr. Wagler

INVOICE

46513

DATE

1/21/26

PRESENTING CLINICAL SIGNS

History: Persistent cardiac arrhythmia detected on two separate exams without an audible murmur. Asymptomatic. Assess prior to anesthesia for spay. Sedated with Gabapentin.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 170bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is positive with normal dimension. MEA is normal. VPCs throughout; singles only. No obvious APCs are seen; however, these are not entirely ruled out. No pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with frequent isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. The endocardium appears normal. The papillary muscles are normal in size and architecture. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. No MR seen. Normal flow through both the RVOT and LVOT. No obvious TR, AI or PI. No congenital defects are observed. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	2.5	200	0.42	1.3	0.42	47	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.5	1.4	1.1		1.0	1.1	NM
<p>*Note: All measurements based upon multi-modal images and methods. An average value is reported. Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.</p>							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overtly normal cardiac structure and function. The LV wall thickness is normal and there is no evidence of elevated left atrial pressure. No significant valve leaks are identified, and flow through the great vessels is normal. No obvious congenital issues are documented.

Frequent premature beats are confirmed on the screening ECG as the cause of the arrhythmia. The abnormal beats are quite small and the patient tachycardic and deciphering an atrial v ventricular origin is somewhat difficult. Based upon the consistent compensatory pause, a ventricular origin is assumed. The abnormal beats are singles only with low markers of malignancy. In a cat without significant structural disease, other possibilities should be ruled out,



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such as a primary arrhythmia versus systemic illness. Full systemic evaluation is advised. That being said, in a kitten without reported clinical signs, a primary issue is certainly a possibility. With single beats, no anti-arrhythmic therapy is warranted at this time. That being said, this patient may be at risk for development of sustained arrhythmias going forward. Monitor for signs of this phenomenon is recommended, including acute lethargy or collapse. A holter would be ideal in this case, potentially when the patient is full stature.

Given these findings, no medications are indicated. It is important to note that phenotypic HCM can develop at any phase of life in cats (particularly in this predisposed breed) and often does not accompany a heart murmur or PE abnormalities. Periodic screening is ideally recommended in all cats.

No cardiac contraindication for general anesthesia at this time.

Prognosis is guarded with ventricular arrhythmias, as risk for sudden death may be present lifelong.

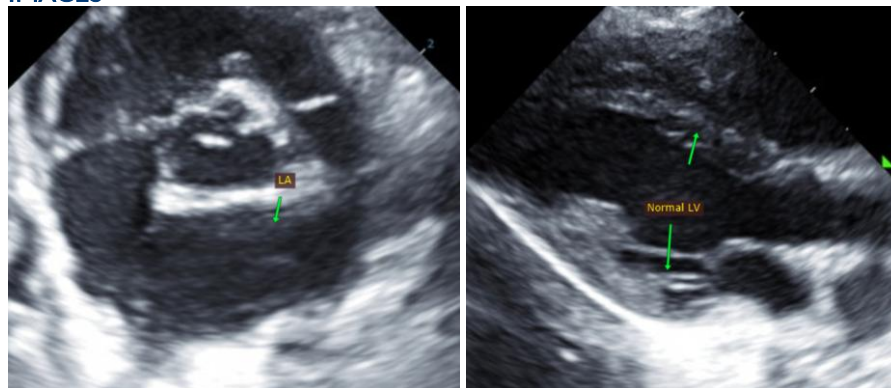
Anesthetic risk is considered mildly elevated. Avoid ketamine, telazol, Dexdomitor (or other alpha-2 agonists) and acepromazine. Recommend having lidocaine CRI available for use in the event of worsening ventricular arrhythmias under anesthesia (CRI 50–75mcg/kg/min).

PLAN

Consider referral, holter monitor and full systemic screening as discussed. A recheck ECG is recommended in s6 months.

Recommend recheck echocardiogram in 1 year to assess for development of disease, sooner if a murmur/gallop or clinical signs develop in the interim.

IMAGES





PATIENT

Stormy Ladouceur

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.

SPECIES

Feline

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. 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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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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