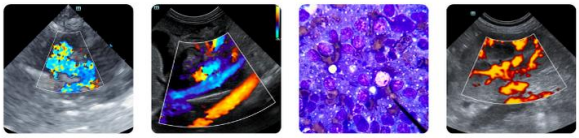

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 298.808.2608

PATIENT
Jax Kuntz

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
14 years

WEIGHT
11.2lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Crystal Hill, RVT

HOSPITAL NAME
Amanda Stewart

REFERRING VET
Dr. Schroeder

INVOICE
45631

DATE
11/4/25

PRESENTING CLINICAL SIGNS

History: Incidental arrhythmia. Grade 2-3/6 heart murmur. Gallop rhythm, variable HR, changes quickly without stimulation, pauses heard occasionally. On Gabapentin.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 174bpm. 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. Rare VPCs are seen; two in an extended tracing. No APCs, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with rare isolated VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension with mild dysfunction. There is a mildly hyperechoic endocardium consistent with age-related fibrosis. Mild remodeling. The papillary muscles are hyperechoic yet normal in size. 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 or SAM identified. The tricuspid valve appears normal in structure and mobility. Trace TR. Blood flow through both the LVOT and RVOT are normal in velocity. No AI/PI seen. No effusions. 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	5.1	200	0.47	1.2	0.50	33	60
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	NM	1.4	1.3		0.7	1.4	NM

**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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is there is mild LV dysfunction. Assuming the patient was not sedated, this is of unknown clinical relevance. The wall thickness is normal ruling out typical hypertrophic disease. The LA is also normal suggesting low risk for complication. No additional issues are seen.

The ECG does show rare VPCs. VPCs can develop secondary to significant cardiac disease or fibrosis, or be extra-cardiac in origin (i.e., due to stress, pain, inflammation, systemic issues, etc.). Given mild changes seen here, structural issues are unlikely, and systemic evaluation may be

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warranted. Regardless, no therapy is typically warranted for arrhythmic cats with the exception of sustained tachyarrhythmias and simple follow up is recommended. Monitor for any signs of progressive arrhythmia, including significant lethargy or collapse/syncope.

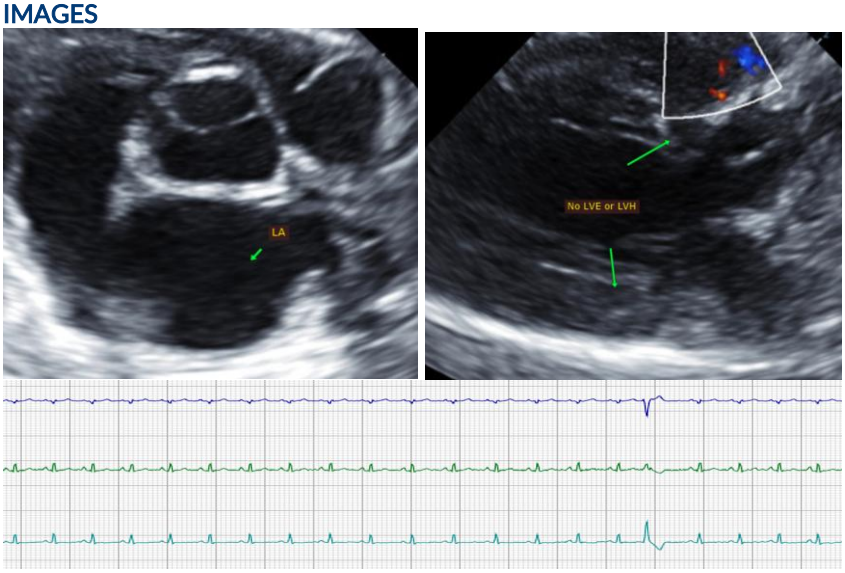
Anesthetic risk is considered moderate with ventricular arrhythmias, and drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid ketamine, telazol, alpha 2 agonists. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction,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

PLAN

Consider systemic screening as discussed.

Recommend recheck echocardiogram in 1 year to assess for progression.

IMAGES



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. 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.

Maggie Machen Lamy, DVM
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