



PATIENT

Buster Davis

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

9 years

WEIGHT

5.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Eileen Jenkins, DVM

HOSPITAL NAME

Huntsville VSE

REFERRING VET

Dr. Jenkins

INVOICE

29034a

DATE

12/30/22

PRESENTING CLINICAL SIGNS

History: Buster is a 9 y/o DSH cat that was presented today for recheck ECG. Patient diagnosed with DCM and A-fib two weeks ago, reduced to furosemide 2.8 mg/kg BID and started on pimobendan 1.25 mg PO BID, compounded diltiazem 7.5 mg PO TID, clopidogrel 18.75 mg SID (patient weighs 5.2 kg today, up from 4.9 kg two weeks ago). Owner states the patient is doing well at home. Please review ECG and provide recommendations for medication adjustment if needed.

Abnormal PE/Chem/CBC/UA Results: Taurine levels were normal
Pertinent previous findings (KB 12 16 22): FS 28%, LA:Ao 2.27, atrial fibrillation

ELECTROCARDIOGRAPHIC FINDINGS

A brief six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 190bpm with a largely regular rhythm. Baseline artifact throughout; however, suspicion for a normal sinus rhythm based upon augmented leads. A single premature beat is suspected. The QRS morphology is inverted. MEA is shifted right.

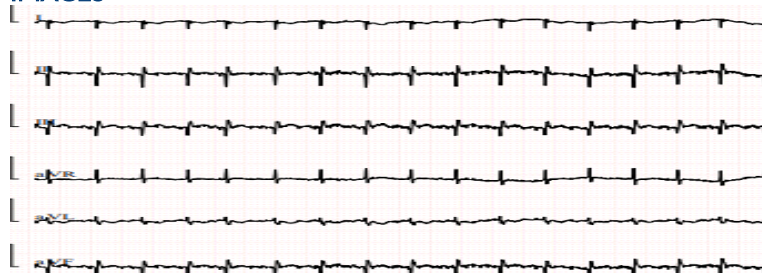
ECG diagnosis: Suspect sinus rhythm with a single APC; rate-controlled AF is not ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unexpectedly, the rhythm is largely normal with a single rapid/premature beat. Given the history of AF, this may reflect rate-controlled fibrillation in a cat; however, sinus beats are suspected in the augmented leads. Unfortunately the baseline artifact impedes careful evaluation making this differentiation purely speculative. Regardless, the overall heart rate is reasonable and should maximize cardiac output in this cat with severe structural disease. No changes are warranted at this time.

Recheck a 6 lead ECG in 2-3 months, sooner if any recurrent clinical signs arise.

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. 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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