

PATIENT

Maisie Frazier

SPECIES

Feline

BREED

Seal Point

SEX

Female Spayed

AGE

11 years

WEIGHT

12.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

VCA Feline Animal
Hospital

REFERRING VET

Dr. Smith

INVOICE

46112

DATE

12/9/25

PRESENTING CLINICAL SIGNS

History: Right mandibular lymphadenopathy; potentially mildly progressive, even after dental cleaning. Arrhythmia; dropped beat noted q5-15 seconds on auscultation. Labs: chem/cbc/ua- WNL.

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 largely regular rhythm. The P wave morphology is low voltage. Normal PR. The QRS morphology is positive and low voltage. MEA is indeterminate. Rare isolated VPC; 3 in total. 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. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. 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. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

CARDIAC CHART

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) <small>(Moise, Pipers)</small>	LVIDd (cm) <small>(Moise, Pipers)</small>	LVWd (cm) <small>(Moise, Pipers)</small>	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	5.8	NM	0.45	1.2	0.47	45	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) <small>(Abbott)</small>	LA 2D short axis Base view (cm) <small>(Abbott)</small>		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	1.1	1.0		1.1	1.1	NM
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> 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. There is mild remodeling and fibrosis of the left ventricular wall, which is likely a normal variant. Serial echocardiography will be necessary to determine progression. Flow through the great vessels is normal and no significant valve regurgitation is identified.

The ECG does show rare isolated 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 what is seen here, structural issues are ruled out, and systemic evaluation may be warranted, particularly in light of lymph node enlargement. Regardless, no therapy is typically warranted for arrhythmic cats with the exception of sustained tachyarrhythmias and simple



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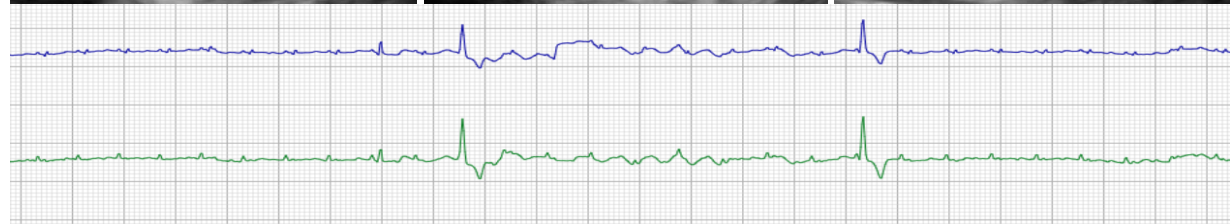
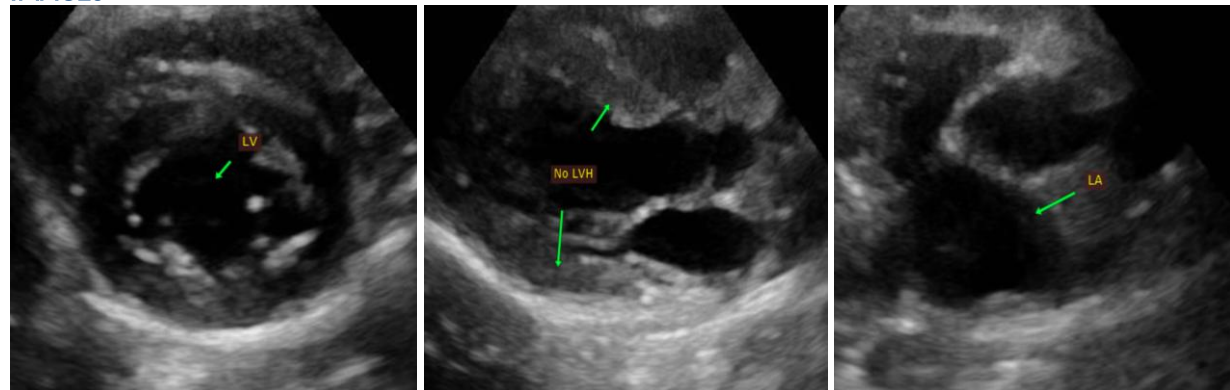
12/9/25

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.

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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