



PATIENT

Marnie Rescue Cats

SPECIES

Feline

BREED

DLH

SEX

F

AGE

5m

WEIGHT

1.86kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Ave Veterinary
Clinic

REFERRING VET

Dr. Evoniuk

INVOICE

46987

DATE

2/25/26

PRESENTING CLINICAL SIGNS

- History: Pet is not gaining weight as expected, Eating drinking normal, normal activity level, No vomiting or diarrhea
- faster than expected heart rate
- Felv/FIV negative
- Unable to get an accurate BP, tried various machines and cuffs

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

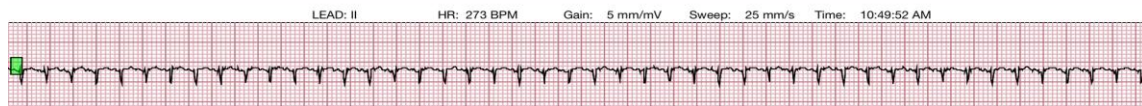
A single lead ECG is available; 25mm/s, 5mm/mV. The heart rate is 280bpm with a regular rhythm. The rhythm is suspected to be sinus in origin, although P waves are difficult to identify with tachycardia. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Suspect sinus tachycardia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ECG shows a narrow complex tachycardia, with little to no variation in heart rate. P waves/a sinus origin is suspected; however, a paroxysmal Supraventricular Tachycardia (SVT) cannot be ruled out. The latter implies that a focus above the AV node may be firing inappropriately, and resulting in the periods of elevated heart rate. That said, this is very difficult to differentiate from a sinus tachycardia on a single lead tracing where the heart rate is sustained. A patient with no reported collapse episodes or associated clinical signs would also support a sinus origin.

Recommend confirm this assumption, either by assessing response to a vagal maneuver (ie looking for if the heart rate slows slightly versus acutely breaking the rhythm) or through a 6 lead tracing evaluation. A longer recording would be ideal, with multiple vagal maneuvers performed and documented on the tracing. Consider referral for a 6 lead tracing if suspicion persists; however, concern is low in this case.

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

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

info@sonopath.com