

PATIENT

Stella Petrie

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

5.1kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Jacque Pankatz, DVM

HOSPITAL NAME

Mountain Vista
Veterinary Hospital

REFERRING VET

Dr. Pankatz

INVOICE

46703

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- History: 11/21 New patient Grade II-III/VI murmur. Echo recommended and declined.
 - 8/22/23 Episode where hind legs gave out. 30 mins later was fine and playing. Jumped from the couch to the chair (about a foot away) and then had her tail all poofed out and hind legs not working. Back to normal now. told owner to call if happens again
 - 12/16/25 Grade IV/VI murmur
 - 1/12/26 Owner reports that she had another seizure on New Year's Eve. Not paddling or salivating. No U or BM. Her back was arched & she had a paw in the air Lasted ~ 1 minute at the most. Within 10 minutes she was playing. Suspect syncope/cardiac event vs neurological.
 - No meds at this time
- Abnormal PE/Chem/CBC/UA Results: Echocardiogram performed: HOCM, no left atrial enlargement, no smoke, no thrombi, LVOT max 2.7 m/s RVOT max 2.94 m/s HR 173 - 200 during exam

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; 50mm/s, 20mm/mV. The average heart rate is 200bpm (range 140-200bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia.

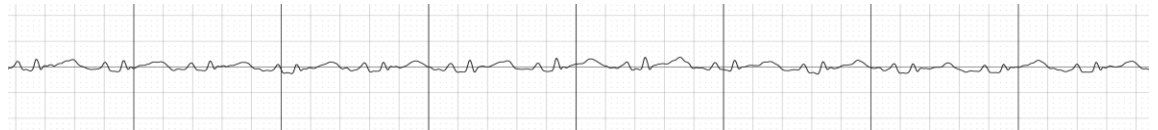
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The submitted ECG is normal, with a sinus tachycardia and no dysrhythmias observed. This does not rule out intermittent arrhythmias such as premature beats, salvos of malignant tachycardia, etc. This rhythm should not cause the reported clinical issues and continued work up is advised.

If these findings do not reflect what was ausculted on exam, a longer recording or potentially a holter monitor may be necessary.

No treatment is indicated based upon what is seen on these findings.

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