



**PATIENT**

Woody O'Brien

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

10 lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**HOSPITAL NAME**

Wignall Animal  
 Hospital

**REFERRING VET**

Dr. Detelich

**INVOICE**

29651

**DATE**

3/16/23

**PRESENTING CLINICAL SIGNS**

History: Recheck ECG. History HOCM, stable on recent echocardiogram 3/2/23. Of note, new VPCs were noted, primarily singles, monomorphic; however, one couplet was seen. As recommended, Atenolol dose was increased to twice a day: 25 mg, 1/4 tab q12h.

**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, 10mm/mV. The average heart rate is 140bpm (range 125-150bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. VPCs persist; singles only (13 in a 2min tracing), monomorphic. No supraventricular ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm (rate-controlled) with isolated VPCs.

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, the resting heart rate has improved to the target range. Single VPCs persist; however, there is slight improvement in frequency and no couplets are appreciated. Based upon these findings, recommend continuing the atenolol at the increased dose.

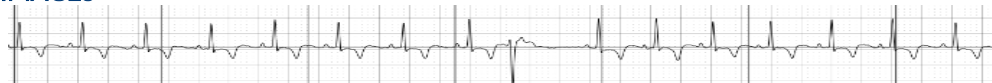
**RECOMMENDATIONS**

- Continue atenolol at increased BID dosing.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram and ECG in 6 months, sooner if any development of clinical signs.

**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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