



PATIENT

Cheddar Lamb's Gap

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 y

WEIGHT

12.7 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

DATE

3/16/26

PRESENTING CLINICAL SIGNS

Grade II/VI murmur. BNP 1004. Echo last month showed asymmetric LVH, while ECG was WNL. Experienced decreased appetite and fever this past weekend. This morning had an episode of acute open mouth breathing and drooling. Arrhythmia ausculted. Solensia given last week.

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 136 bpm

Rhythm: Sinus with VPCs

The underlying rhythm is sinus in origin. All sinus complex amplitudes and intervals are within normal limits. There are intermittent single monomorphic VPCs present. No atrial ectopy or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

Ventricular premature complexes (VPCs)

Cheddar's ECG demonstrates the presence of intermittent VPCs, though whether they are secondary to his HCM, his fever, or an underlying cause of the fever is difficult to say. As only single VPCs are present, Cheddar's current risk for the development of clinical signs secondary to the arrhythmia, such as exercise intolerance and syncope, or even sudden death, appears to be fairly low, and it's unlikely that the arrhythmia is the cause of Cheddar's decreased appetite, open mouth breathing, or drooling. Given the presence of HCM, it's possible that Cheddar's open mouth breathing could be due to the development of congestive heart failure, though he did not have left atrial dilation last month, and thoracic radiographs are recommended for further evaluation.

Cheddar's arrhythmia appears to be too mild to warrant antiarrhythmic therapy at this time. If radiographs demonstrate the presence of cardiogenic pulmonary edema or pleural effusion, therapy with furosemide (6.25 mg BID) would be warranted.

A recheck ECG is recommended in 1 week.

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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