



**PATIENT**

Garnett BHS

**PRESENTING CLINICAL SIGNS**

History: Recent echo diagnosed HCM with severe LAE. Arrhythmia noted.

**SPECIES**

Feline

**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 180bpm (range 170-200bpm). The rhythm is suspected to be sinus in origin, although p waves are low voltage. The QRS is inverted. Occasional single VPCs. No supraventricular ectopic beats, pauses or other dysrhythmias observed.

**BREED**

DSH

ECG diagnosis: Normal sinus rhythm with isolated VPCs.

**SEX**

Male Neutered

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ECG shows isolated VPCs, which are not surprising given the severity of LV pathology. Only single isolated VPCs are appreciated, although a brief run of bigeminy is seen (every other beat a VPC). Despite this, no treatment is warranted at this time.

**AGE**

9 years

Patient has risk for acute collapse and sudden death going forward.

**WEIGHT**

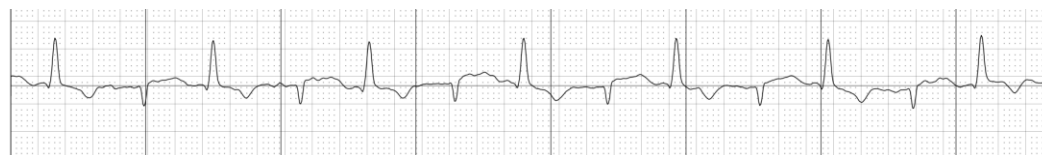
4.9kgs

Follow up is recommended in 6 months, sooner should any collapse or acute exercise intolerance be noted in the future.

**IMAGES**

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)



**IMAGING PERFORMED BY**

Crystal Hill, CVT

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.

**HOSPITAL NAME**

Burlington HS

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**REFERRING VET**

Dr. Patton

**INVOICE**

29800

**DATE**

3/23/23