



PATIENT

Beef Precop

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

7 years

WEIGHT

8kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Bongiorno

INVOICE

473983

DATE

4/1/26

PRESENTING CLINICAL SIGNS

History: Diagnosed with HCM via echo in December 2025. Currently doing well, good energy level and appetite, no coughing. Average RRR at home is 28 bpm. On follow-up thoracic rads today a moderate pulmonary edema is still evident. On PE he appears to have an increased respiratory rate/effort, but overall seems comfortable.

Current medications: Pimobendan 2.5mg BID, Clopidogrel 18.75mg SID, Enalapril 2.5mg BID, Furosemide 5mg am, 10mg pm. The furosemide dose will be increased today. This is a follow-up ECG today.

ELECTROCARDIOGRAPHIC FINDINGS

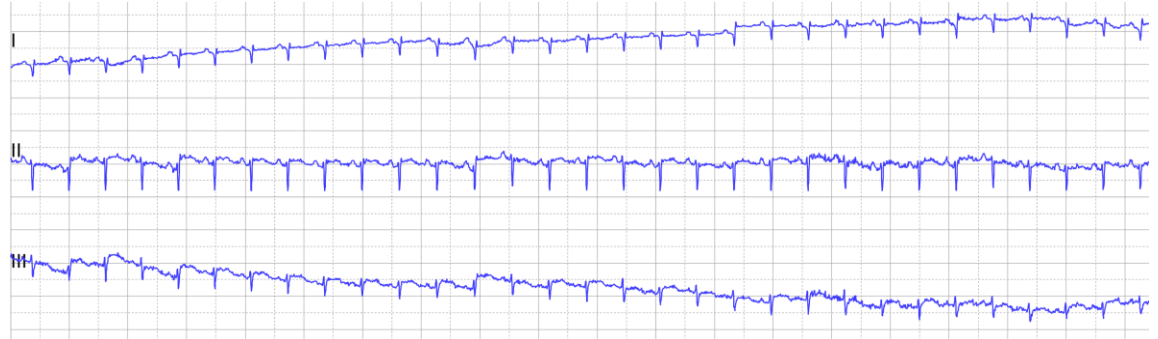
A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 210bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS morphology is inverted. MEA is shifted right. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus tachycardia. Right axis deviation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The submitted ECG is normal, with no evidence of dysrhythmias. If these findings do not reflect what was ausculted on exam (ie premature beats), a longer recording or potentially a holter monitor may be necessary.

A left axis deviation is a benign conduction abnormality common in geriatric or diseased cats. No treatment is indicated.

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