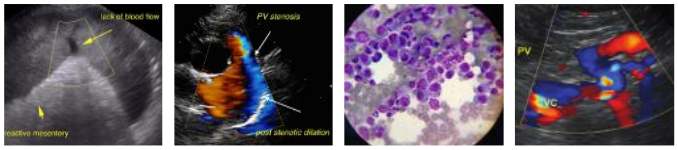
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Sugar Dodge

SPECIES
Feline

BREED
DMH

SEX
FS

AGE
16 years

WEIGHT
7.5 lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Dr. Striano-Kaplan

HOSPITAL NAME
Ramsey Veterinary Hospital

REFERRING VET
Dr. Striano-Kaplan

INVOICE
24727

DATE
6/13/22

PRESENTING CLINICAL SIGNS
History: Murmur and arrhythmia.

ELECTROCARDIOGRAPHIC FINDINGS
A 3 lead ECG is available; 25mm/s, 5mm/mV. The average heart rate is 210bpm with a largely regular rhythm. The underlying rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P was is positive while the QRS is inverted in lead II. Occasional single premature beats throughout; singles only. APCs are suspected given a similar morphology to the sinus beat. No ventricular ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Sinus tachycardia with isolated premature beats (suspect APCs).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
The ECG shows 2 abnormalities. First is an inverted QRS complex, which is most consistent with a mean electrical deviation. That can be a normal variant in an older cat, or may reflect underlying structural disease.

Additionally and more relevant is the finding of atrial premature contractions (APCs). VPCs are not entirely ruled out without a 6 lead tracing; however, are considered less likely. APCs are generated from abnormal conductive or fibrotic tissue in the atria of the heart muscle, and even frequent single APCs will often cause no clinical signs in animals (as is seen here). When sustained however, SVT can lead to symptoms such as lethargy and collapse.

When addressing arrhythmias, two things must be considered; 1. Is an underlying cause evident or is this primary arrhythmic disease? And 2. Is anti-arrhythmic therapy warranted?

APCs are a very non-specific finding. They can be due to significant cardiac disease or be extra-cardiac in origin; ie due to pain, stress, inflammation, cancer, GI disease, DIC/sepsis, etc. **In this senior cat, all differentials should be ruled out.** An echocardiogram to assess cardiac structure and function would be a reasonable next step.

Electing to treat arrhythmias is based upon clinical signs and amount/degree of arrhythmia identified. Based strictly upon the amount of arrhythmia present on the available ECG, anti-arrhythmic therapy not indicated.

Monitor at home for collapse, exercise intolerance, and/or cough. Mild activity restriction is advised in arrhythmic patients.

Anesthesia is not advised prior to further evaluation/treatment. Sedation with butorphanol is typically safe however, if needed.

Plan: Highly recommend echocardiogram, full systemic evaluation.
A recheck ECG is recommended in 6 months to assess for progression.

IMAGES

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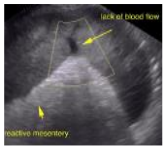

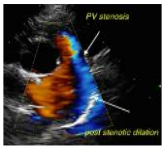

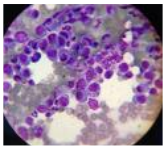
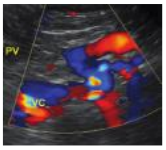

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com