



PATIENT PRESENTING CLINICAL SIGNS

Baxte BHS

History: Recent echo done showed HOCM with bradycardia. ECG suggested. Current Medications felimazole, solensia, gabapentin, metronidazole

SPECIES ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

Feline

A single lead ECG is available; 50/s, 20mm/mV. The average heart rate is 150bpm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. No ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm.

BREED

DSH

ECHOCARDIOGRAM FINDINGS

SEX

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hyperechoic. The endocardium also appears remodeled. The left atrium is normal in size. The right atrium is normal in size. The right ventricle appears normal. The mitral valve is normal in structure and mobility. Blood flow through both the LVOT and RVOT is normal in velocity. No pleural or pericardial effusion seen. No obvious cardiac tumors.

AGE

y

WEIGHT

lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ECG is unremarkable with a normal sinus rhythm. While the heart rate is slightly low for a stressed cat, this would not necessarily support bradycardia. This likely suggests the prior heart rate drop was likely sinus in origin and high vagal tone should be considered. No treatment is warranted based upon this tracing. Certainly atenolol is not indicated as the target rate on the medication is 150bpm.

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

Given these findings, no medications are indicated.

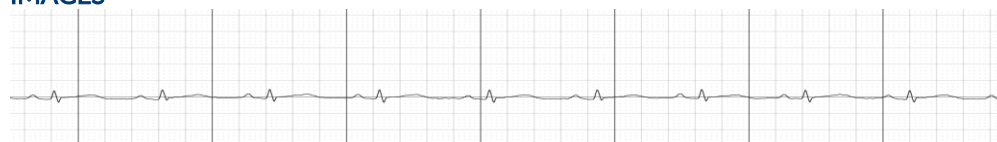
IMAGING PERFORMED BY

Kelly Reschny, CVT

If anesthesia is needed, pre-medicate with a vagolytic and ensure an exuberant response.

Recommend recheck echocardiogram and ECG in 6 months.

IMAGES



HOSPITAL NAME

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.

REFERRING VET

Dr.

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.

INVOICE

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DATE

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