



PATIENT

Pollo Bendel

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14 years

WEIGHT

14.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

The Venturing Vet

REFERRING VET

Dr. Herzog

INVOICE

25177

DATE

7/6/22

PRESENTING CLINICAL SIGNS

History: History of hyperthyroidism (controlled). Heart murmur (benign). Newer arrhythmia.
Current medications: Gabapentin and Metronidazole.
Pertinent echo findings (MML 6/9/22): LV remodeling, DRVOTO

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; 25mm/s, 10mm/mV. The average heart rate is 188bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P and QRS morphologies are positive. A single VPC is seen. No supraventricular ectopic beats, pauses or other dysrhythmias observed.
ECG diagnosis: Normal sinus rhythm with a single VPC.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ECG confirms the arrhythmia is isolated ventricular premature contractions (VPCs). VPCs are generated from abnormal conductive or fibrotic tissue in the ventricles of the heart muscle, and even frequent single VPCs will often cause no clinical signs in animals (as is seen here). When sustained however, ventricular tachycardia can lead to symptoms such as lethargy and collapse, and ultimately can lead to fibrillation and sudden death.

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?

VPCs are a very non-specific finding. They can be due to significant cardiac disease (not present in this case) or be extra-cardiac in origin; ie due to pain, stress, inflammation, cancer, GI disease, DIC/sepsis, etc. In a senior cat, extra-cardiac differentials can be considered; however, a simple stress response is certainly possible.

Electing to treat arrhythmias is based upon clinical signs and amount/degree of arrhythmia identified. Unfortunately there is always an elevated risk for collapse and sudden death in any arrhythmic patient, and even on medications this risk unfortunately still persists. Cats pose an even greater challenge, as anti-arrhythmics are rarely clearly indicated in asymptomatic patients, and they can be highly sensitive to the medications utilized.

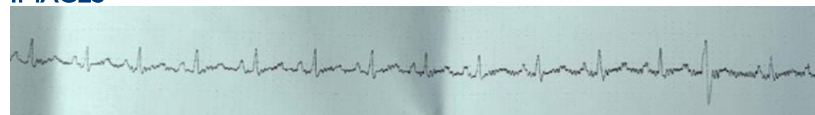
Based strictly upon the amount of arrhythmia present on the available ECG (a single abnormal beat), anti-arrhythmic therapy is clearly not indicated.

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: Consider full systemic evaluation. A recheck ECG is recommended in 6 months to assess

IMAGES





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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.

SPECIES

Feline

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.

BREED

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

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