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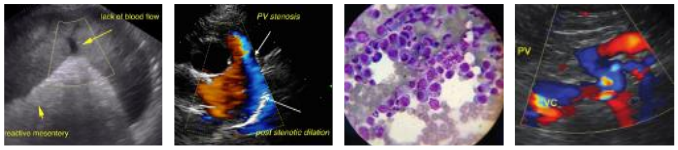
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Cheddar Boys

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
12y

WEIGHT
5.4kgs

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

IMAGING PERFORMED BY
Dr. Jacquie Pankatz

HOSPITAL NAME
Mountain Vista Veterinary Hospital

REFERRING VET
Dr. Pankatz

INVOICE
26281

DATE
9/8/22

PRESENTING CLINICAL SIGNS

History: Arrhythmia on auscultation. Recent BP normal.
Prior records: June 2022 dx with ischemic CM (end-stage HCM), asymptomatic with PCE consistent with CHF. Rx Plavix, Lasix, benazepril. **VPCs and VT were noted in this prior report.**

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, 20mm/mV. The underlying rhythm is sinus in origin, with an average HR of 180bpm is 180bpm. The P and QRS morphologies are positive. Multiform ventricular arrhythmias are seen throughout, with ventricular couplets and suspicion for a brief run of VT.
ECG diagnosis: Normal sinus rhythm with ventricular arrhythmias.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ECG shows persistent ventricular arrythmias with concern for brief ventricular tachycardia despite presumably cardiac support. A single lead tracing in a cat with multiform complexes is limiting, and referral for a 6 lead should be considered for a definitive evaluation. Regardless, what is seen here is concerning in light of the reported ischemic echo findings and is likely secondary to LV fibrosis. The findings are similar to what was seen in June.

Given what is seen here, a low dose of Atenolol is recommended as below. Depending on response (ie if the arrhythmia persists), Sotalol may have to be elected. If any clinical signs arise on the medication, referral for a 6 lead should be elected. The patient will always be risk for development of clinical signs, such as syncope and/or sudden death.

PLAN

Consider referral for a 6 lead tracing. Institute Atenolol 25mg tablets; Give ¼ tab once daily. Recheck ECG in 1-2 weeks to assess response. If poor, referral to Dr. Minors is highly recommended. If declined, discontinue atenolol and change to sotalol 0.05mg/kg PO q12h (compounded) and assess response.

Recheck ECG every 3-4 months going forward.

IMAGES

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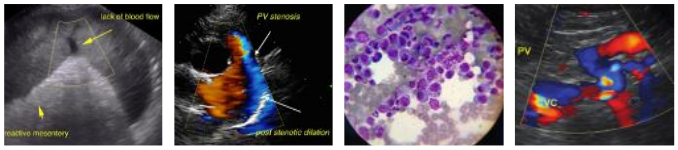

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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