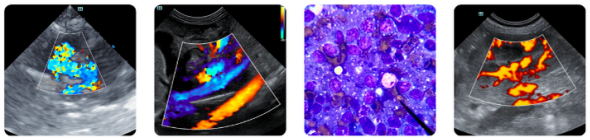

PATIENT

Maggie C2771 Animals in Distress

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

15 years

WEIGHT

14 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Pamela Bay

HOSPITAL NAME

For Cats Only VC

REFERRING VET

Dr. Bay

INVOICE

70358

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Previous echocardiogram performed and ECG was recommended by cardiologist
- Unable to examine or perform ECG without sedation due to temperament. Gave Alfaxalone, Butorphanol, and Midazolam.

ECG:

A single lead rhythm strip is provided for review. The lead is unknown, and there is insufficient detail to determine heart rate. The underlying rhythm is suspected to be sinus in origin with narrow complex QRS. There are frequent wide complex couplets, consistent with ventricular origin, identified. There is no evidence of atrioventricular block or atrial ectopy documented.

ULTRASONOGRAPHIC FINDINGS

A ventricular arrhythmia is noted. In cats, ventricular arrhythmias are usually secondary to underlying structural heart disease. Causes include cardiomyopathy (e.g., hypertrophic, restrictive, arrhythmogenic, dilated) or secondary myocardial disease (e.g., hyperthyroidism, hypertension). Rarely, ventricular arrhythmias develop secondary to extracardiac conditions (e.g., neurologic disease, metabolic disease, fever, anemia, trauma, GI disease, DIC and sepsis).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While therapy is not specifically indicated based on these findings, further diagnostics might help tailor therapeutic recommendations. Consider the following:
- A 6-lead diagnostic ECG at a paper speed of both 25 and 50mm/s to further assess the rhythm
- Abdominal ultrasound to look for abdominal causes of VPCs (e.g., splenic/adrenal changes)
- Consider 24-48 hour ambulatory ECG (Holter) monitor to assess the severity of the arrhythmia

Anesthesia considerations:
If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. Skip any ACE-inhibitor (if receiving) on morning of anesthesia. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 5 ml/kg/hour) if possible. A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Pre-medication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

Diet:
A high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina that is highly palatable with adequate protein and calories for maintaining optimal body condition.

Activity:
Avoid strenuous activity.

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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