

## PATIENT

Saffy Brandon

## SPECIES

Feline

## BREED

Siamese

## SEX

Spayed female

## AGE

9 years

## WEIGHT

3.33 kg

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

## IMAGING PERFORMED BY

Amanda Eback

## HOSPITAL NAME

Red River Animal  
Emergency Hospital  
and Referral Center

## REFERRING VET

Dr. Kuhlman

## INVOICE

68997

## DATE

11/25/25

## PRESENTING CLINICAL SIGNS

History: 11/6 an ECG was sent to Sonopath for this patient due to a heart murmur. The ECG revealed that Saffy has sinus tachycardia and ventricular premature contractions (VPCs). A follow-up ECG is recommended in 2 weeks to monitor Safi's condition and the effectiveness of the Atenolol the patient started 14 days ago.

Abnormal PE/Chem/CBC/UA Results: HR today 11/24 80 bpm. The ECG revealed that Saffy has sinus tachycardia and ventricular premature contractions (VPCs).

## ECG

The underlying rhythm is sinus in origin with an average rate of 130 bpm. The sinus complexes and intervals are within normal limits and there are frequent prolonged QRS complexes (>40 ms) consistent with ventricular ectopy in a bigeminal pattern. There is a single ventricular couplet, but no runs of tachycardia documented. There is no evidence of atrioventricular block or atrial ectopy documented. This is consistent with ventricular bigeminy with apparent control of the previously documented tachycardia.

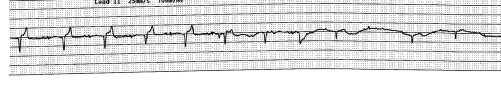
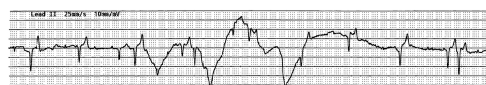
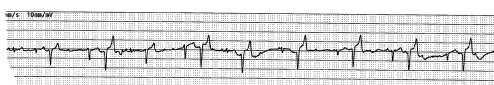
## ULTRASONOGRAPHIC FINDINGS

A ventricular arrhythmia is noted. While the rate is better controlled, the ventricular ectopy is still considered frequent. 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).

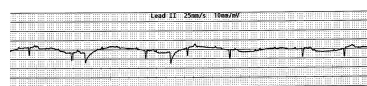
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider the following:

- Serum electrolyte monitoring
- Abdominal ultrasound to look for abdominal causes of VPCs (e.g., splenic/adrenal changes)
- Consider 24-48 hour ambulatory ECG (Holter) monitor to better assess the severity of the arrhythmia
- Empiric change in antiarrhythmic therapy: Sotalol 2mg/kg BID (most cats require compounded formulation for proper dosing)



11/24/25 Saffy Brandon 9yr 4m F/S Siamese  
Scan #2



11/24/25 Saffy Brandon 9yr 4m F/S Siamese  
Scan #1



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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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