



PATIENT

Ginger Erum

SPECIES

Feline

BREED

Siberian Forest Cat

SEX

MN

AGE

7 years

WEIGHT

20 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Creditview Erum

REFERRING VET

Dr. Wahba

INVOICE

10924

DATE

12/11/2025

PRESENTING CLINICAL SIGNS

Reports respiratory distress with difficulty breathing, decreased appetite, reduced water intake, and decreased litter box use starting Tuesday night till today - Symptoms worsened by Wednesday with prominent breathing difficulties - No mouth breathing observed - Eating pattern changed: usually eats entire meal at once, now eating only 3-4 bites at night - Last ate small amount around 4-5 AM today, sniffing food but not eating since - Abdominal pain reported - Weight: 20 pounds - Currently playful and sleeping normally when not experiencing respiratory episodes Past Medical History: - Two cycles of furosemide completed, last dose Sunday night and pet declined after - Previous blood work February 2024 (approximately 1.5 years ago) - No pet insurance coverage Current Medications Furosemide.

Abnormal PE/Chem/CBC/UA Results: BW reveals elevated SDMA, BUN and Hemo concentration - will share results via email ECG attached.

ELECTROCARDIOGRAM

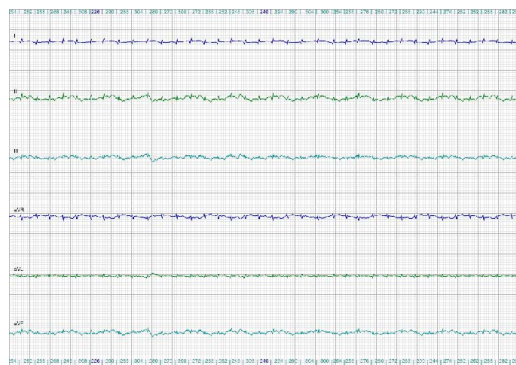
There is a six-lead ECG with mild baseline artifact available for review. The underlying rhythm is regular at an average rate of 220bpm. The rhythm appears to be sinus in origin with appropriate PR intervals and narrow QRS complexes (<40ms). The mean electrical axis appears to be normal; however, a slower paper speed is required to fully evaluate QRS complexes. There is no atrial or ventricular ectopy and no conduction delay or block identified. This is most consistent with a sinus tachycardia.

FINDINGS

- Interpretation: Sinus tachycardia is noted.

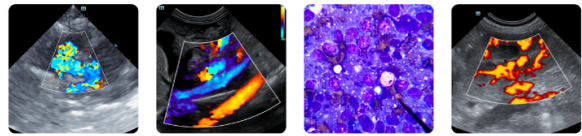
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sinus tachycardia is a nonspecific response to increased sympathetic tone. This can be secondary to patient anxiety, pain, hypotension, volume depletion, anemia, or congestive heart failure. Clinical correlation is necessary to assess the significance of this finding.



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.



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