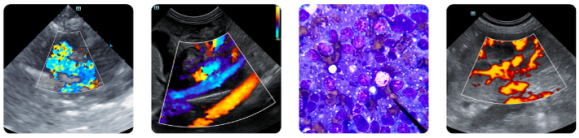

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™ www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ginger Panthaki

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

14.1 lbs

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Creditview-Eglington

REFERRING VET

Dr. Ghobrial

INVOICE

10922

DATE

12/11/2025

PRESENTING CLINICAL SIGNS

Since last monday the cat started having heavy breathing and open mouth breathing. FIV positive for 7 years now Presented on Dec 6, 2025 for initial exam. He vomits 3 times/ month but no diarrhea BAR , Pale and moist m.m Heavy abdominal breathing at the clinic Thoracocentesis done under sedation, aspirated approx 400 ml fluid from R. side of thorax Transthoracic ultrasound to assess for a cranial mediastinal mass was recommended by radiologist report Came today as heavy breathing returned and cat was gasping. Thoracocentesis repeated today. Current Medications n/a Sedated with torb and propofol for exam.

Abnormal PE/Chem/CBC/UA Results: See attached ECG.

ELECTROCARDIOGRAM

There is a six-lead ECG with minimal baseline artifact available for review. The underlying rhythm is regular at an average rate of 200bpm. The underlying rhythm appears to be sinus in origin with appropriate PR intervals and narrow QRS complexes (<40ms). The mean electrical axis appears to be normal. There is a single beat that may represent ventricular ectopy; however, this may also represent baseline artifact. A slower paper speed is recommended for further evaluation. No conduction delay or block identified. This is most consistent with a sinus tachycardia with possible rare premature ventricular ectopy.

FINDINGS

- Sinus tachycardia is noted. 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. A possible ventricular arrhythmia is also noted. 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:

- Echocardiogram to further assess possible cardiac disease and causes of VPCs
- 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

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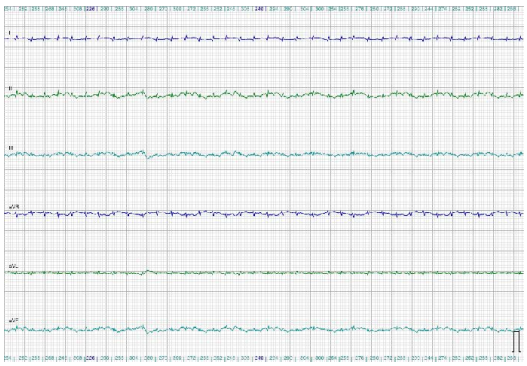

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com