



## PATIENT

Angel Martin

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

15.2 Pounds

## INTERPRETED BY

Laurent Locquet, DVM  
MRCVS GPCert (VC)  
Diplomate ECVIM-CA

## IMAGING PERFORMED BY

SonoPath tech

## HOSPITAL NAME

VCA Ho Ho Kus VH

## REFERRING VET

Dr. Rachel Alipui

## INVOICE

35933

## DATE

12/16/25

## PRESENTING CLINICAL SIGNS

History: ECHO done 12/4, largely normal, read by Dr. Locquet (but cannot select him for ECG).  
Frequent arrhythmia on auscultation, asymptomatic per o, mild CKD

Abnormal PE/Chem/CBC/UA Results: Abnormal idexx pro BNP IRIS stage 1 CKD Normotensive at last check.

## ELECTROCARDIOGRAPHIC EXAMINATION

HR ranges from 180-220bpm, rhythm is overall regular with frequent premature beats. The underlying rhythm shows that every p-wave is followed (although delayed) by a QRS complex (compatible with a first-degree AV block), every QRS complex is preceded by a p-wave and QRS complexes are narrow and regular. This underlying rhythm is compatible with a sinus tachycardia. Though, there are frequent ventricular premature beats with a right bundle branch block morphology. There was also one ventricular couplet with a fairly short coupling interval.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on this ECG, I would recommend a 24h Holter to assess the extent of the ventricular complexes. Bloodwork including electrolytes and T4 should also be performed. Management and therapy should be adjusted accordingly.

**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.

**Laurent Locquet, DVM MRCVS GPCert (VC) Diplomate ECVIM-CA**

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