

PATIENT DISCHARGE SUMMARY

OSU Case Number: 000448315

Client: Teresa Sweeney

Patient: Highlander Ave Marie

Referring Veterinarian: Tod Beckett Fax: (614) 766-2470

Date Admitted: 7/2/2018 **Date Discharged:** 7/2/2018

Patient Status: Released

Clinician: John Bonagura DVM, DACVIM

Columbus Small Animal 614-292-3551
Dublin Small Animal 614-889-8070
Pharmacy 614-292-1010
Business Office 614-292-1360
Fax 614-292-1454

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Final Diagnosis: Structurally normal heart

No evidence of congenital heart disease

No evidence of hypertrophic cardiomyopathy

Functional “innocent” intermittent heart murmur

History and Clinical Problems: Ave Marie is a 4 year old female Maine Coon cat that presented for echocardiographic evaluation for overt cardiac disease and certification. Ave Marie is healthy, up to date on vaccinations, and currently has no clinical signs of disease.

Diagnostic Procedures and Physical Findings:

Physical Exam:

Wt: 7.1 kg No heart murmur is evident today

Echocardiography:

There were no structural lesions observed by 2D echocardiography.

All chambers were within normal size.

Left ventricular ejection fraction (shortening fraction) was normal.

No overt valvular lesions were identified.

Doppler flow studies of the cardiac valves were within limits of normal. Physiological TR evident.

Prognosis: This screening examination did not reveal any evidence of congenial or acquired heart disease. Some disorders, such as hypertrophic cardiomyopathy (HCM) are classified as adult-onset, genetic heart diseases. These may develop later in life and for this reason the examination findings should be interpreted as “normal for this time frame”.

Cats used for recurrent breeding should be re-evaluated at regular intervals (e.g., yearly) since HCM can develop later in life, even after a normal screening examination.

Next Appointment: If breeding is continued a reevaluation echocardiogram should be scheduled in approximately one year. You can discuss this with the cardiologist if you have any questions.

Thank you. We appreciate your patronage. Your support of our programs is important. Please do not hesitate to contact us if you have any questions about our evaluation or instructions.

John Bonagura, DVM, DACVIM