

601 Vernon Tharp Street Columbus, OH 43210 Phone: (614) 292-3551 Fax: (614) 292-2053	ECHOCARDIOGRAPHY REPORT - CARDIOLOGY & INTERVENTIONAL MEDICINE SERVICE THE OHIO STATE UNIVERSITY VETERINARY MEDICAL CENTER John Bonagura, DVM, DACVIM Karsten Schober, DVM, DECVIM Jaylyn Rhinehart, DVM, DACVIM Michelle Rohrbaugh, DVM Samantha Kochie, DVM Alicia Byrd, RVT Olivia Stepp, RVT
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Patient Number: 000 475081

Species: FEL

Sex: Female

Patient Name: Sweeney, Coonalley SilverRose

Breed: Maine Coon

Weight (kg): 4.3 kg

Date of study: 02/06/2018

Age: 0

BSA: 0.26 m²

Diagnosing Cardiologist: JDB

Birthdate: 04/24/2017

Systolic BP:

Diagnosis & Recommendations

Normal screening examination
 Functional (intermittent) murmur
 No evidence of hypertrophic cardiomyopathy (JDB)+WNL

Clinical Findings

The echocardiogram was performed as a screen for hypertrophic cardiomyopathy (HCM) phenotype.

Auscultation: sinus rhythm; a systolic heart murmur was evident with the following characteristics: brief, right sternal edge transient; abated with slower heart rate

Screening Exam for Feline Hypertrophic Cardiomyopathy; details: This examination includes subjective evaluation of long and short axis images from the parasternal (intercostal) right-sided acoustic windows. M-mode examination of the LV is also performed. The examination screens for ventricular hypertrophy using 2D long and short axis image planes as well as the standard M-mode images with the cursor placed dorsally to the posterior papillary muscle. Left atrial size is also assessed subjectively and by long-axis maximal diameter. Doppler studies are only performed if needed to evaluate gallop sounds or any murmurs if present.

Echocardiographic Findings

There were no structural lesions observed by 2D echocardiography. All chambers were within normal size. No overt valvula lesions were identified. Left ventricular ejection fraction (shortening fraction) was normal. Color Doppler studies of the cardiac valves were within limits of normal. There was physiological backflow noise of the tricuspid valve (<20% of systole NSR present throughout study).

<u>2D Measurements</u>		<u>M-Mode</u>		<u>Doppler Measurements</u>	
LA Diam	13.5 m m	IVSd	4.5 m m	PV Vmax	0.56 m/s (< 1.60)
IVSd-max-Laxis	5.0 m m	LVIDd	16.2 m m	PV maxPG	1.24 mmHg
LVPWd-max-Laxis	4.1 m m	LVPWd	4.8 m m		
LA2D/LVIDd	0.83	IVSs	7.1 m m		
		LVIDs	10.1 m m		
		LVPWs	7.0 m m		
		EDV(Teich)	7.4 ml		
		ESV(Teich)	2.1 ml		
		EF(Teich)	71.3 % (> 48.0)		
		%FS	37.6 % (> 25.0)		
		SV(Teich)	5.27 ml		
		IVSd	4.7 m m		
		LVPWd	4.4 m m		

Abbreviations: N=normal or WNL=within normal limits; N/E=not evaluated; NSF=no significant findings; EF=ejection fraction; FS=fractional shortening
FAC=fractional area change; LA=left atrium; LV=left ventricle; RA=right atrium; RV=right ventricle; PA=pulmonary artery
PHT=pulmonary hypertension; PR (or PI) = pulmonary regurgitation (insufficiency); AV = aortic valve; AR=aortic regurgitation; MV=mitral valve
AMV=anterior mitral leaflet; PMV=posterior mitral leaflet; MR=mitral regurgitation; TV=tricuspid valve; TR=tricuspid regurgitation