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

Patient Number: 000 **464854**
Patient Name: **Sweeney, Angtini Snowball of Highlander**
Date of study: **02/06/2018**
Diagnosing Cardiologist: **JDB**

Species: **FEL**
Breed: **Maine Coon**
Age: **2**
Birthdate: **12/06/2015**

Sex : **Female**
Weight (kg): **4.0 kg**
BSA: **0.25 m²**
Systolic BP:

Diagnosis & Recommendations

No evidence of hypertrophic cardiomyopathy
Aortic sinus bulge/septal over-ride - signficance unknown
Summary evaluation: normal examination
(JDB)+WNL+Aor Dil

Clinical Findings

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

Auscultation: sinus rhythm; no murmurs or gallop sounds.

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

A screening examination of the heart was undertaken from the right thorax using 2D echocardiography.
The technical examination was of diagnostic quality and the patient was sufficiently cooperative.
Normal 2D & M-mode Study (limited CF Doppler studies performed):
There were no congenital or acquired structural cardiac lesions observed by 2D echocardiography.
The right aortic sinus is prominent and slightly overrides the ventricular septum. There is no other evidence of a VSD or septal aneurysm.
All cardiac chambers and great vessels were within normal size limits on measurements.
There were no overt valvular lesions.
Left ventricular ejection fraction (shortening fraction) was normal.

2D Measurements		
Ao Diam	8.7 mm	
LA Diameter (Short-axis)	14.3 mm	
LA:Ao - Swedish	1.64	(< 1.35) **!**
IVSd-max-Laxis	4.2 mm	
LVPWd-max-Laxis	4.3 mm	

M-Mode		
IVSd	3.6 mm	
LVIDd	15.4 mm	
LVPWd	3.8 mm	
IVSs	5.1 mm	
LVIDs	10.7 mm	
LVPWs	5.6 mm	
EDV(Teich)	6.5 ml	
ESV(Teich)	2.5 ml	
EF(Teich)	61.5 %	(> 48.0)
%FS	30.3 %	(> 25.0)
SV(Teich)	3.98 ml	
LVPWd/LVIDd	0.25	

Doppler Measurements		
PV Vmax	0.90 m/s	(< 1.60)
PV maxPG	3.21 mmHg	

	Weight (kg) 4.000	

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=rigth 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