

601 Vernon Tharp Street Columbus, OH 43210 Phone: (614) 292-3551 Fax: (614) 292-2053	<b>ECHOCARDIOGRAPHY REPORT - CARDIOLOGY &amp; INTERVENTIONAL MEDICINE SERVICE</b> <b>THE OHIO STATE UNIVERSITY VETERINARY MEDICAL CENTER</b> John Bonagura, DVM, DACVIM      Karsten Schober, DVM, DECVIM Jaylyn Durham, DVM      Emily Chapel, DVM      Alicia Byrd, RVT      Tammy Muse, RVT
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<u>Patient Number:</u> 000 464855	<u>Species:</u> FEL	<u>Sex:</u> Female
<u>Patient Name:</u> Sweeney, Sarajen Sangria	<u>Breed:</u> Maine Coon	<u>Weight (kg):</u> 4.5 kg
<u>Date of study:</u> 04/03/2017	<u>Age:</u> 0	<u>BSA:</u> 0.27 m <sup>2</sup>
<u>Diagnosing Cardiologist:</u> JDB	<u>Birthdate:</u> 04/26/2016	<u>Systolic BP:</u>

### Diagnosis & Recommendations

Normal Echocardiogram for the breed  
 WNL+(JDB)

### 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

The examination was performed without sedation. The technical examination was of high quality and the patient was sufficiently cooperative.

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

NSR present throughout study.

There is a prominent right ventricular moderator band noted in the RV but this is likely normal variation. LV false tendons also observed.

<u>2D Measurements</u>		<u>M-Mode</u>		<u>Doppler Measurements</u>
LA Diam	15.9 m m	IVSd	4.6 m m	
LA2D/LVIDd	0.9 (0.8 - 1.1)	LVIDd	17.2 m m	
IVSd-max-Laxis	5.1 m m	LVPWd	4.3 m m	
IVSd-max-Sax	4.1 m m	IVSs	7.2 m m	
LVPWd-max-Laxis	4.2 m m	LVIDs	11.6 m m	
LVPWd-max-Saxis	4.8 m m	LVPWs	6.9 m m	
		EDV(Teich)	8.7 ml	
		ESV(Teich)	3.0 ml	
		EF(Teich)	64.9 % (> 48.0)	
		%FS	32.8 % (> 25.0)	
		SV(Teich)	5.62 ml	

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; TAPSE=tricuspid annular plane systolic excursion  
LA=left atrium; LAD=left atrial dilation; LV=left ventricle; LVD=left ventricular dilatation; LVH=left ventricular hypertrophy  
RA=right atrium; RAD=right atrial dilation; RV=right ventricle; RVE=right ventricular enlargement; RVH=right ventricular hypertrophy  
AV=aortic valve; AR=aortic regurgitation; (S)AS=(subvalvular) aortic stenosis,  
MV=mitral valve; AMV=anterior mitral leaflet; PMV=posterior mitral leaflet; MR=mitral regurgitation; TV=tricuspid valve; TR=tricuspid regurgitation  
PA=pulmonary artery; PHT=pulmonary hypertension; PV=pulmonic valve; PR=pulmonary regurgitation; PS=pulmonic stenosis  
ASD=atrial septal defect; VSD=ventricular septal defect; PDA=patent ductus arteriosus  
DVD=degenerative (myxomatous) valvular disease; DCM=dilated cardiomyopathy; HCM=hypertrophic cardiomyopathy; PE=pericardial effusion