

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 Durham, DVM Emily Chapel, DVM Alicia Byrd, RVT Tammy Muse, RVT
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<u>Patient Number:</u> 000 464854	<u>Species:</u> FEL	<u>Sex:</u> Female
<u>Patient Name:</u> Sweeney, Angtini Snowball of Highlander	<u>Breed:</u> Maine Coon	<u>Weight (kg):</u> 0.0 kg
<u>Date of study:</u> 04/03/2017	<u>Age:</u> 1	<u>BSA:</u>
<u>Diagnosing Cardiologist:</u> JDB	<u>Birthdate:</u> 12/06/2015	<u>Systolic BP:</u>

Diagnosis & Recommendations

Normal echocardiogram for the Breed

(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:

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 diagnostic quality and the patient was sufficiently cooperative but tachycardic during the entire examination.

There were no structural lesions observed by 2D echocardiography. All chambers were within normal size. No overt valvular lesions were identified. Left ventricular ejection fraction (shortening fraction) was normal. Doppler studies of the cardiac valves were within limits of normal. NSR present throughout study.

<u>2D Measurements</u>		<u>M-Mode</u>		<u>Doppler Measurements</u>
LA Diam	16.1 m m	IVSd	4.0 m m	
LA2D/LVIDd	1.1 (0.8 - 1.1)	LVIDd	14.6 m m	
IVSd-max-Sax	3.5 m m	LVPWd	4.6 m m	
LVPWd-max-Saxis	4.0 m m	IVSs	5.8 m m	
		LVIDs	8.7 m m	
		LVPWs	7.6 m m	
		EDV(Teich)	5.6 ml	
		ESV(Teich)	1.4 ml	
		EF(Teich)	74.6 % (> 48.0)	
		%FS	40.1 % (> 25.0)	
		SV(Teich)	4.17 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