

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 Rhinehart, DVM, DACVIM Michelle Rohrbaugh, DVM   Samantha Kochie, DVM   Alicia Byrd, RVT   Olivia Stepp, RVT
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Patient Number: 000 470224

Species: FEL

Sex: Female

Patient Name: Sweeney, Highlander Angelica

Breed: Maine Coon

Weight (kg): 6.7 kg

Date of study: 08/28/2017

Age: 1

BSA: 0.36 m<sup>2</sup>

Diagnosing Cardiologist: JDB

Birthdate: 07/07/2016

Systolic BP:

### Diagnosis & Recommendations

Normal Screening Echo - no evidence of congenital heart disease or of Hypertrophic Cardiomyopathy

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 diagnostic 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. NSR present throughout study.

<u>2D Measurements</u>		<u>M-Mode</u>		<u>Doppler Measurements</u>	
LA Diam	15.6 m m	IVSd	4.6 m m		
LA2D/LVIDd	1.0 (0.8 - 1.1)	LVIDd	15.3 m m		
IVSd-max-Laxis	4.4 m m	LVPWd	4.8 m m		
LVPWd-max-Laxis	5.3 m m	IVSs	7.7 m m		
LVPWd	5.5 m m	LVIDs	7.6 m m		
		LVPWs	7.8 m m		
		EDV(Teich)	6.3 ml		
		ESV(Teich)	1.0 ml		
		EF(Teich)	84.5 % (> 48.0)		
		%FS	50.0 % (> 25.0)		
		SV(Teich)	5.36 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; 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