

<b>OSU Veterinary Hospital</b> <b>601 Vernon Sharp Street</b> <b>Columbus, OH 43210</b> <b>Phone: (614) 292-3551</b> <b>Fax: (614) 292-2053</b>	<b>ECHOCARDIOGRAPHY REPORT - CARDIOLOGY SERVICE</b> <b>THE OHIO STATE UNIVERSITY VETERINARY MEDICAL CENTER</b>
<b>John Bonagura, DVM, DACVIM Karsten Schober, DVM, DECVIM Brian Scansen, DVM, DACVIM</b> <b>Jaylyn Durham, DVM Emily Chapel, DVM Patti Mueller, RVT Tammy Muse, RVT</b>	

Patient Number: 000 **448316**  
 Patient Name: **Sweeney, JD**  
 Date of study: **06/26/2015**  
 Diagnosing Cardiologist: **JDB**

Species:  
 Breed: **Maine Coon**  
 Age: **1**  
 Birthdate: **06/10/2014**

Sex: **Male**  
 Weight (kg): **8.2 kg**  
 BSA: **0.41 m<sup>2</sup>**  
 Systolic BP:

### 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 echocardiographic examination was conducted from the right side of the thorax. The technical examination was of diagnostic quality and the patient was sufficiently cooperative. Normal 2D & M-mode Study:

There were no structural lesions observed by 2D echocardiography. All chambers were within normal size limits for a male cat of this breed.

There were no overt valvular lesions or flow disturbances in the left side of the heart.

Left ventricular ejection fraction (shortening fraction) was normal.

Intrapericardial fat was evident.

### Diagnosis & Recommendations

Normal screening examination

No evidence of congenital heart disease or hypertrophic cardiomyopathy - JDB

WNL

<u>2D Measurements</u>		<u>M-Mode</u>		<u>Doppler Measurements</u>	
LADiam	18.9 mm	IVSd	4.6 mm		
LA2D/LVIDd	1.0 (0.8 - 1.1)	LVIDd	19.2 mm		
IVSd-max-Laxis	4.3 mm	LVPWd	4.8 mm		
LVPWd-max-Laxis	4.2 mm	IVSs	8.9 mm		
IVSd-max-Saxis	3.6 mm	LVIDs	7.9 mm		
LVPWd-max-Saxis	3.2 mm	LVPWs	9.2 mm		
		EDV(Teich)	11.4 ml		
		ESV(Teich)	1.1 ml		
		EF(Teich)	90.6 % (> 48.0)		
		%FS	58.9 % (> 25.0)		
		LVPWd/LVIDd	0.25		

Echocardiogram Reported by: John D. Bonagura, DVM, DACVIM \_\_\_\_\_