

PATIENT DISCHARGE SUMMARY

 OSU Case Number:
 000485495
 Columbus Small Animal
 614-292-3551

 Client:
 Teresa Sweeney
 Dublin Small Animal
 614-889-8070

 Patient:
 Ruffians Duran Duran Of H
 Pharmacy
 614-292-1010

 Referring Veterinarian:
 Tod Beckett Fax:
 (614) 529-2217
 Business Office
 614-292-1360

 Fax
 614-292-1454

Fax 614-292-1454 www.vet.osu.edu/vmc

Patient Status: Released

Clinician: John Bonagura DVM, DACVIM

Final Diagnosis: Normal feline cardiac examination - Normal cardiac auscultation

No evidence of congenital or acquired heart disease

Date Admitted: 12/3/2018 Date Discharged: 12/3/2018

Echocardiogram: Normal (no evidence of cardiomyopathy)

History and Clinical Problems: Duran Duran is a 1 year old year old intact male Maine Coon cat who was examined today at the OSU-Veterinary Medical Center **Cardiology Service** for a screening evaluation for congenital heart disease and for hypertrophic cardiomypathy. No heart murmur has been reported up to this point. No history of coughing or difficulty breathing. He has a normal activity level and no sneezing, vomiting, or diarrhea at home. His diet consists of Fancy Feast, raw beef, and solid gold chicken and egg dry food. He was imported from Italy but is an indoor only cat. He is up to date on his vaccines and is not on any medications at this time.

Diagnostic Procedures and Physical Findings:

Physical Examination (note: WNL = within limits of normal)

Body Weight: 7.43 kilograms, 16.3 pounds Body condition (score): 4/9 Attitude: Bright, alert, responsive

Hydration: WNL

Vital signs: Temperature: not obtained Pulse/Heart rate/minute: 240 Respiratory rate/minute: 42

Mucous membranes: not examined

Examination was focused on cardiac evaluation:

Physical examination of the heart and cardiovascular system was normal.

Heart rate and heart rhythm ausculted normal.

Heart sounds were normal; no gallop sounds were detected.

Cardiac murmurs were not detected during careful auscultation of the heart.

Diagnostic Tests

Echocardiography (two-dimensional and M-mode ultrasound imaging of the heart) to screen for (hypertrophic) cardiomyopathy. Note that Doppler Flow Imaging (color & spectral Doppler examinations) is not routinely performed in cats without a murmur but might be evaluated to support other imaging findings:

2D and M-mode imaging identified heart chambers of normal size with normal systolic function of the ventricles. All chambers were within normal size limits. There were no overt valvular lesions. No evidence of congenital heart lesions. Left ventricular ejection fraction (shortening fraction) was normal. Physiologic, very brief, tricuspid regurgitation (closure signal) was evident.

- ECG: normal sinus rhythm, no arrhythmias observed

Recommendations and Instructions:

<u>Medications</u>: As there is no evidence of heart disease, no medications have been prescribed at this time.

Activity: Duran Duran can continue his normal activities.

<u>Diet</u>: There are no dietary restrictions based on today's heart evaluation.

Prognosis: The current prognosis for heart health is very good. This screening examination did not reveal any

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evidence of congenital heart disease (birth defects) or acquired heart disease (such as hypertrophic cardiomyopathy, HCM). It should be appreciated that cardiomyopathies are classified as adult-onset, genetic heart diseases. These can develop later in life and for this reason the examination findings should be interpreted as "normal for this time frame".

Cats used for recurrent breeding should be re-evaluated at regular intervals (e.g., yearly) since HCM can develop later in life, even after a normal screening examination.

There are <u>limited</u> genetic tests available for identifying carriers and affected cats with HCM and these are only available for certain breeds (currently limited to the Maine coon cat and Ragdoll breeds). Please discuss with the cardiologist any questions you have about genetic testing in cats. When appropriate, we can refer you to laboratories that offer this service directly to breeders and cat owners. Currently, we recommend the genetic screening services available at North Carolina State University College of Veterinary Medicine. See: https://cvm.ncsu. edu/genetics/submit-dna-testing/

Even when a genetic test is available for a particular breed, that laboratory test is not sufficient as a single screening method. Cats with HCM can carry other genetic mutations that are not identified by available laboratory testing. As a result, the stethoscope (for auscultation) and ultrasound examinations of the heart (echocardiography) have been the most important methods for screening cats for obvious heart diseases such as HCM. It should be understood that minor or trivial heart (birth) defects might not be identified conclusively by cardiac ultrasound, and the echocardiographic criteria used for diagnosis of HCM in cats are not "black and white". In fact the measurement values used in different parts of the world for the diagnosis are different! As a result of this uncertainty, we emphasize to our clients that the echocardiogram is a good method for detecting moderate to severe HCM, but there are some cats where the ultrasound examination is "borderline". In these cases, a discussion should be undertaken with the cardiologist and breeders should review all of the other characteristics of that cat and plan follow up examinations. Additionally, genetic tests should be evaluated if available. The NT-proBNP test is another "biomarker" that can be performed at through family veterinarian's office (using IDEXX laboratories). Unfortunately, this test is most useful in cats with heart murmurs and more likely to be positive when there is moderate to severe heart disease. Like the echocardiogram, "borderline" cases of HCM will be more challenging to identify with certainty.

Next Appointment: If breeding is continued, a reevaluation echocardiogram should be scheduled in about one year. You can discuss this with his cardiologist if you have any questions. Thank you for bringing Duran Duran to Ohio State Veterinary Medical Center Cardiology today. Please do not hesitate to contact us should you have any further questions.

Thank you. We appreciate your patronage. Your support of our programs is important. Please do not hesitate to contact us if you have any questions about our evaluation or instructions.

Jessica Lovich

John Bonagura, DVM, DACVIM