

## PATIENT DISCHARGE SUMMARY

OSU Case Number: 000464854

Client: Teresa Sweeney

Patient: Angtini Snowball Of Highl

Referring Veterinarian: Not Found

Patient: All 10040

Patient: All 10040

Referring Veterinarian: Not Found

Columbus Small Animal 614-292-3551

Dublin Small Animal 614-889-8070

Business Office 614-292-1010

Fax 614-292-1454

Date Admitted: 1/14/2019 Date Discharged: 1/14/2019

Patient Status: Released

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Clinician: Jaylyn Rhinehart DVM, DACVIM (Cardiology)

#### **Final Diagnosis:**

No evidence of hypertrophic cardiomyopathy

# **History and Clinical Problems:**

Angtini Snowball Of Highlander is a 3 year old female 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. Angtini Snowball Of Highlander is currently pregnant and is due in March or April. No heart murmur has been reported up to this point.

### **Current Medications:**

none

### **Diagnostic Procedures and Physical Findings:**

# Physical Examination

Body Weight: 4.7 kilograms, 10.3 pounds Body condition (score): 4/9 Attitude: BAR Hydration: adequate

Vital signs: Temperature: not obtained Pulse/Heart rate/minute: 240 Respiratory rate/minute: 48

Mucous membranes and capillary refill time: pink, 1.5 seconds.

#### Examination was focused on cardiac evaluation.

Physical examination of the heart and cardiovascular system was normal.

Heart rate was fast but regular, heart rhythm, femoral pulses, and precordial impulses were normal.

A grade 1/6 cranial pararsternal murmur was heard; no gallop sounds were detected.

### Diagnostic Tests

**Echocardiography**: A screening echocardiogram was performed. This examination emphasized cardiac chamber size, wall thicknesses, and heart function. 2D echocardiographic imaging was within limits of normal - normal wall measurements. Tricuspid valve regurgitation (physiological) within normal limits. There was no evidence of hypertrophic cardiomyopathy. Ventricular systolic function was normal. There is a small degree of aortic sinus override relative to the ventricular septum. This is stable as compared the previous examination of this cat and is likely normal variation. One cannot totally exclude a perinatal VSD that closed; however, there is no evidence of that otherwise. ECG during echo: sinus tachycardia

#### **Recommendations and Instructions:**

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

Activity: Anglini Snowball Of Highlander can continue normal activities.

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

### **Prognosis:**

Today's screening examination did not reveal any evidence of congenital or acquired heart disease. There is however, still a subtle over-ride of one aortic sinus over the ventricular septum (static when compared to the last echocardiogram on 2/6/18). The aortic valve is competent and there is no over septal defect; it is likely normal variation.

Some disorders, such as hypertrophic cardiomyopathy (HCM) are classified as adult-onset, genetic heart diseases

601 Vernon L. Tharp St. \* Columbus, OH 43210 Last modified: 1/14/2019



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These may 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.

# **Next Appointment:**

If breeding is continued a reevaluation echocardiogram should be scheduled in approximately one year. You can discuss this with the cardiologist if you have any questions.

Thank you for bring Angtini Snowball Of Highlander 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.

Veronica Martin

Jaylyn Rhinehart, DVM, DACVIM (Cardiology)

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