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ECHOCARDIOGRAPHY REPORT - CARDIOLOGY & INTERVENTIONAL MEDICINE SERVICE
THE OHIO STATE UNIVERSITY VETERINARY MEDICAL CENTER
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Patient Number: 000 **455865**
Patient Name: **Sweeney, Highlander My Julia**
Date of study: **04/03/2017**
Diagnosing Cardiologist:

Species:
Breed: **Maine Coon**
Age: **1**
Birthdate: **05/31/2015**

Sex : **Female**
Weight (kg): **0.0 kg**
BSA:
Systolic BP:

Diagnosis & Recommendations

Normal Echocardiographic Exam for Breed

(JDB)+WNL

Clinical Findings

The echocardiogram was performed as a screen for hypertrophic cardiomyopathy (HCM) phenotype.

Auscultation: sinus rhythm; no murmurs or gallop sounds; equivocal intermittent systolic click was ausculted.

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 high quality and the patient was sufficiently cooperative.
Normal 2D & M-mode Study
There were no congenital or acquired structural cardiac lesions observed by 2D echocardiography.
All cardiac chambers and great vessels were within normal size limits.
There were no overt valvular lesions.
Physiological tricuspid regurgitation was evident. Brief.
Left ventricular ejection fraction (shortening fraction) was normal.
Note: Prominent LV false tendons

2D Measurements	
IVSd-max-Laxis	4.4 mm
IVSd-max-Sax	4.5 mm
LVPWd-max-Laxis	4.5 mm
LVPWd-max-Saxis	4.1 mm

M-Mode		
IVSd	4.9 mm	
LVIDd	19.0 mm	
LVPWd	4.6 mm	
IVSs	6.6 mm	
LVIDs	12.9 mm	
LVPWs	7.7 mm	
EDV(Teich)	11.2 ml	
ESV(Teich)	4.1 ml	
EF(Teich)	63.6 %	(> 48.0)
%FS	32.2 %	(> 25.0)
SV(Teich)	7.13 ml	

Doppler Measurements

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=rigth 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 stensosis
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