

OSU Veterinary Hospital 601 Vernon Tharp Street Columbus, OH 43210 Phone: (614) 292-3551 Fax: (614) 292-2053	ECHOCARDIOGRAPHY REPORT - CARDIOLOGY SERVICE THE OHIO STATE UNIVERSITY VETERINARY MEDICAL CENTER	Karsten Schober, DVM, DECVIM Jaylyn Rhinehart, DVM, DACVIM, Randolph Winter, DVM, DACVIM Bill Clark, DVM, Emily Herrold, DVM
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Patient Number: 000 **485496**Patient Name: **Sweeney, Highland Belle**Date of study: **09/25/2020**Diagnosing Cardiologist: **JR**Species: **feline**Breed: **Maine Coon**Age: **2 years**Birthdate: **12/21/2017**Sex: **Female**Weight (kg): **4.4 kg**BSA: **0.27 m²**

Systolic BP:

Clinical Findings

Recheck CERF. Asymptomatic.

Soft, grade 2/6 left parasternal murmur heard when heart rate increased

Echocardiographic Findings

The echocardiographic examination was conducted from both the right and left sides of the thorax. A screening echocardiogram was requested and completed with subjective and objective evaluation of the heart to screen for hypertrophic cardiomyopathy.

There is no clear evidence of cardiomyopathy or serious structural heart disease based on subjective imaging or diastolic measures of the LV walls or septum.

The papillary muscles appear normal.

There is no systolic anterior motion of the MV observed.

LV ejection fraction is normal.

Diagnosis & Recommendations

Normal heart structure and function

No evidence of cardiomyopathy at this time

Functional murmur

JDR

2D Measurements		M-Mode		Doppler Measurements	
LA Diam	14.6 mm	IVSd	3.6 mm	EA Fused	0.92 m/s
Ao Diam	9.6 mm	LVIDd	19.6 mm	LAapp Vmax	0.53 m/s
LA Diam	16.2 mm	LVPWd	3.3 mm	AV Vmax	1.29 m/s
LA/Ao	1.7	IVSs	6.8 mm	AV maxPG	6.70 mmHg
LVPWd LX Cat	3.47 mm	LVIDs	10.6 mm	PV Vmax	1.02 m/s
LVPWdN LX Cat	0.23	LVPWs	6.1 mm	PV maxPG	4.14 mmHg
LVPWd SX Cat	3.77 mm	%FS	46.25 %		
LVPWdN SX Cat	0.28	LVIDdN_EPIC	1.27		
IVSd LX Cat	3.72 mm	Mmode			
IVSdN LX Cat	0.29	LVIDdN_Mmode	1.26	(1.17 -	
IVSd SX Cat	4.00 mm	dog		1.67)	
IVSdN SX Cat	0.31	LVIDsN_EPIC	0.66	(0.71 -	
		Mmode		1.26)!	

Echocardiogram Reported by: Dr. Jaylyn Rhinehart, DVM, MS, DACVIM _____