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| 601 Vernon Tharp Street Columbus, OH 43210 Phone: (614) 292-3551 Fax: (614) 292-2053 | ECHOCARDIOGRAPHY REPORT - CARDIOLOGY & INTERVENTIONAL MEDICINE SERVICE THE OHIO STATE UNIVERSITY VETERINARY MEDICAL CENTER John Bonagura, DVM, DACVIM Karsten Schober, DVM, DECVIM Jaylyn Rhinehart, DVM, DACVIM Michelle Rohrbaugh, DVM Samantha Kochie, DVM Alicia Byrd, RVT Olivia Stepp, RVT |
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Patient Number: 000 473719

Species: FEL

Sex: Female

Patient Name: Sweeney, Tropikoons Delainie

Breed: Maine Coon

Weight (kg): 4.9 kg

Date of study: 12/18/2017

Age: 1

BSA: 0.29 m²

Diagnosing Cardiologist: JDB

Birthdate: 08/02/2016

Systolic BP:

Diagnosis & Recommendations

Within normal limits for breed
 No evidence of congenital HD or hypertrophic cardiomyopathy

 WNL+JDBonagura

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 examination was performed without sedation. The technical examination was of diagnostic 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.

Left ventricular ejection fraction (shortening fraction) was normal.

| <u>2D Measurements</u> | | <u>M-Mode</u> | | <u>Doppler Measurements</u> | |
|------------------------|------------------|---------------|-----------------|-----------------------------|--|
| LA Diam | 15.6 m m | IVSd | 4.8 m m | | |
| LA2D/LVIDd | 0.8 (0.8 - 1.1)! | IVSd | 4.7 m m | | |
| IVSd-max-Laxis | 4.8 m m | LVIDd | 18.3 m m | | |
| LVPWd-max-Laxis | 3.9 m m | LVPWd | 4.3 m m | | |
| LVPWd-max-Saxis | 4.6 m m | IVSs | 6.2 m m | | |
| | | LVIDs | 10.9 m m | | |
| | | LVPWs | 7.5 m m | | |
| | | EDV(Teich) | 10.2 ml | | |
| | | ESV(Teich) | 2.6 ml | | |
| | | EF(Teich) | 74.5 % (> 48.0) | | |
| | | %FS | 40.6 % (> 25.0) | | |
| | | LVPWd/LVIDd | 0.23 | | |

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; LA=left atrium; LV=left ventricle; RA=right atrium; RV=right ventricle; PA=pulmonary artery
PHT=pulmonary hypertension; PR (or PI) = pulmonary regurgitation (insufficiency); AV = aortic valve; AR=aortic regurgitation; MV=mitral valve
AMV=anterior mitral leaflet; PMV=posterior mitral leaflet; MR=mitral regurgitation; TV=tricuspid valve; TR=tricuspid regurgitation