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Referring Veterinarian: Dr. John Coyne

Email: contact@coynevetcare.com

Clinic Name:

Coyne Veterinary Center of Crown Point

Postal Address:

10969 Broadway
 Crown Point, IN 46307-7311
 Phone: (219) 267-1700
 Fax: (219) 488-2204
Fax Report(s)

Client: JAGIELLA, Diana

Patient Name

Z

Patient ID

27920

Species:

Feline

Breed:

Bengal

Age:

2 years 6 months

Sex:

Male

Modality/Images :

US/33

Date Of Study:

Sat, 9 Oct 2021

Wt.: N/A

Temp.: N/A

Pulse: N/A

Resp.: N/A

No call was requested

Pertinent Case Information*

Cardiac screen prior to breeding; no clinical signs, no murmur. PE WNL

Differential Diagnosis*

concern for left side of heart- appears dilated- rule out any underlying issues

Findings:

Echocardiogram: The echo reveals normal thicknesses to the LV free wall and septum. The LA/Ao ratio in the short axis is 1.4. SAM is not present. The EPSS is normal. Contractility is normal. Color Doppler shows no abnormal flow patterns. PW Doppler shows a normal right ventricular outflow velocity. PW Doppler studies elsewhere are normal. The echo shows a normal contracting feline heart.

Assessment:

I see no evidence for heart disease in this patient. There is no contraindication for breeding this patient.

jreedvm@aol.com
 John R. Reed, MS, DVM
 DACVIM (Cardiology)

Thank you for allowing us to be part of your diagnostic team; if you have any questions please contact me directly. Please note AIS will only discuss this report with the referring doctor.

Specialist:

Dr. John Reed, DVM, DACVIM(C)

For the next few days, I am available:

Phone:

(530) 400-5325

Mon Oct 11 10:00 AM - 3:00 PM EDT

Email:

John.Reed@antechimagingservices.com

Fri Oct 15 8:00 PM - 2:59 AM EDT

Date of Report:

Mon, 11 Oct 2021 06:35:54 PDT

Sat Oct 16 3:00 AM - 2:59 AM EDT

PATIENT DISCHARGE SUMMARY

OSU Case Number: 000485533
Client: Samantha A Kerr
Patient: Zidan
Referring Veterinarian: No Referring Veterinarian
Date Admitted: 2/18/2020 **Date Discharged:** 2/18/2020
Patient Status: Released
Clinician: Karsten E. Schober DVM, PhD., Diplomate ECVIM-CA

Columbus Small Animal 614-292-3551
Dublin Small Animal 614-889-8070
Pharmacy 614-292-1010
Business Office 614-292-1360
Fax 614-292-1454

www.vet.osu.edu/vmc

Final Diagnosis:

Structurally normal heart

- No evidence of hypertrophic cardiomyopathy
- No evidence of congenital heart defects

History and Clinical Problems:

Zidan is a 2 year old intact male Bengal cat who presented to the OSU-VMC Cardiology Service for a screening examination for overt heart disease. Zidan has been doing well at home and has a normal activity level.

Diagnostic Procedures and Physical Findings:

Physical Examination:

Weight: 5.7 kg (12.5 lb)

Heart Rate: 150 bpm

Respiratory Rate: 40 brpm

Attitude: bright, alert, responsive, curious

Examination was limited to evaluation (screening exam) of the heart

Cardiac auscultation: Normal rate and rhythm. No murmur ausculted. Femoral pulses strong and synchronous.

Respiratory exam: Eupneic, normal bronchovesicular sounds in all quadrants; no crackles or wheezes

Echocardiography:

A screening echocardiogram was performed

This examination emphasized cardiac chamber size, wall thicknesses, and heart function

IVSd = 5.83 mm (N: <6), LVPWd = 4.94 mm (N: <5.5)

LVDd 20.1 mm (borderline, N: <20), LAD 18.8 mm (borderline, N: <19) - consider larger body weight in this animal.

2D echocardiographic imaging was within normal limits. Normal LV systolic (SF%) and diastolic function (E:A, IVRT, E').

There was no evidence of congenital heart malformation or of hypertrophic cardiomyopathy

Normal sinus rhythm without ectopy on ECG.

Compared to 1 year ago findings are static.

Surgical and Therapeutic Procedures:

Echocardiogram

Prognosis:

This screening examination did not reveal any evidence of congenital or acquired heart disease.

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

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.

There are limited genetic tests available for identifying carriers and affected cats with HCM or congenital heart defects (those present at birth). Please discuss with the cardiologist any questions you might have about genetic testing - we can refer you to laboratories that offer this service. Currently, these services are available at North