

MEDICAL HISTORY

30-Aug-2024 to 30-Aug-2024

Client

Brooke Dorscht (143332)
C: Brooke: (226) 789-1712

Patient

Fawn (115313) 1y 1m (28-Jul-2023)
Feline Brown
Bengal Female / Intact
2.6 kg (30-Aug-2024)

Most recent visit date: 30-Aug-2024 Patient Alerts: n/a
Microchip No.: n/a
Rabies tag ID / date : n/a

Current medical overview: as of 30-Aug-2024

<u>Weight by Age</u>		<u>Wt.</u>	<u>Record date</u>
1y 1m	2.6 kg	5.73 lb	30-Aug-2024

<u>Active Concerns</u>	<u>Established</u>
n/a	

<u>Inactive Concerns</u>	<u>Established</u>
n/a	

<u>Resolved Concerns</u> (since 30-Aug-2024)	<u>Established</u>	<u>Resolved</u>
n/a		

<u>Medications</u> (since 30-Aug-2023)	<u>Amount</u>	<u>Disp. Date</u>
n/a		

Echocardiogram report**30-Aug-2024 Echocardiogram****Dr. Elizabeth Turner****13:00** Order item: Screening Echocardiogram [23.299]

Findings

DIAGNOSIS:

Normal cardiac structure and function
 False tendon (extra tendon) in the left ventricle - suspected patient variation
 No evidence of hypertrophic cardiomyopathy or other heart disease

History:

Fawn, a 1 year 1 month old female intact Bengal was presented to the VCA MOVEH Cardiology Service on Aug 30, 2024 for breed screening.

Physical Exam:

Wt: 2.6kg
 HR 150bpm
 RR 48br/min
 QAR, nervous. BCS 3/5. No murmur or arrhythmia. Pulses strong and synchronous. MM pink, moist, CRT <2s. Tachypnea with normal effort. Lungs clear. Abdomen soft, nonpainful, with no palpable fluid wave. Did not assess ambulation.

Diagnostics:

Echocardiogram:

The right atrium was normal in size. The tricuspid valve was normal in morphology with trace tricuspid valve regurgitation upon valve closure. The right ventricle was normal in size with normal systolic function. The pulmonic valve was normal with a normal outflow velocity (0.84cm), normal profile and no pulmonic insufficiency. The MPA and its proximal branches were normal. The left atrium was normal in size (LA 1.04cm, Ao 0.89cm, LA/Ao 1.18,). The left auricle was normal in size. The mitral valve was normal in morphology with no mitral valve regurgitation. Normal transmitral inflow velocities with a normal E/A ratio and normal Emax (Evel 0.81m/s, Avel 0.42m/s). The left ventricular dimensions were normal in diastole (LVIDd 1.61cm, IVSd 3.5mm, LVFWd 3.0mm), the left ventricular dimensions were normal in systole (LVIDs 0.95cm). Thin false tendon spanning from the mid IVS to the LV apex - no obstructions. The left ventricular function was normal (FS 41.2%, EF 79.7%). The aortic valve and aortic root were normal in morphology with normal aortic outflow velocity (1.1m/s) and profile with no aortic insufficiency. The heart base was normal. No masses or pleural/pericardial effusions.

Interpretation

ASSESSMENT:

It was nice to meet Fawn today.

Fortunately today's echocardiogram revealed normal cardiac structure and function with no evidence of hypertrophic cardiomyopathy or other forms of heart disease at this time. She does have a false tendon in her left ventricle, but it is thin and not causing an obstruction to blood flow, therefore considered to be likely patient variation. This would not preclude her from being a breeder at this time. Fawn is still at risk for developing acquired heart disease as she ages, and therefore we recommend continued yearly breed screenings or a recheck with us if she develops a heart murmur, arrhythmia, or if any other concerns arise for developing heart disease.

Thank you for trusting us with the care of Fawn today. Please feel free to contact us with any questions or concerns. Our direct email is movh.cardiology@vca.com.

Sincerely,
 Elizabeth Turner, DVM, DACVIM (Cardiology)