



Kim Radway DVM, DABVP (Canine/ Feline)

Date of Study: 1/28/26

Patient: Poli Blue

Client: Chatmas

Breed: Feline Maine Coon

Sex: Intact Female

Age: 1 year

Weight: 10.8 lbs

Clinic: Glenwood VC

Doctor: Dr. Routh

Echo indication: This is a health screening echocardiogram.

1. Left ventricular dimensions: (M-mode)

Diastole	IVSd	<u>5.4 mm</u>	[3-6]
	LVIDd	<u>14.7 mm</u>	[10.8-21.4]
	LVFWd	<u>3.9 mm</u>	[2.5-6]
Systole	IVSs	<u>6.1 mm</u>	[4-9]
	LVIDs	<u>7.1 mm</u>	[4-11.2]
	LVFWs	<u>7.1 mm</u>	[4.3-9.8]
	FS%	<u>51.72 %</u>	

2. Left atrial dimensions: (2D)

LA	<u>9 mm</u>	[7-17]
AO	<u>7.8 mm</u>	[6-12.1]
LA:Ao ratio	<u>1.15</u>	[<1.3]

3. Mitral Valve: EPSS 2.0 mm [< 8 mm]

Mitral Valve Prolapse (canine) none X present .

4. Ratios

IVSd:LVIDd ratio	<u>0.36</u>	(.22 - .34) (< .22 suggests inadequate wall thickness)
LVIDd:LVPWd ratio	<u>3.76</u>	(3 - 5) < 3 suggests LVH, > 5 suggests LV dilation)
LV:RV ratio	<u>1.5</u>	(> 2) (< 2 suggests RV dilation)

LVW:RVW ratio 1.0 (> 1.5) (< 1.5 suggests RVH)

5. Color Doppler Insufficiencies

Mitral Valve: None

Tricuspid Valve: None

Aortic Valve: None

Pulmonic Valve: None

6. Doppler flows

Aorta (systolic): Peak velocity	<u>0.89</u>	<u>m/sec (N <2.5) PG</u>	<u>3.16</u>	mm Hg
Pulmonary Artery (systolic): Peak velocity	<u>0.88</u>	<u>m/sec (N <2.0) PG</u>	<u>3.11</u>	mm Hg
Pulmonic Insufficiency: <u>X NA</u>	End diastolic velocity	<u>m/sec PG</u>	<u>mmHg</u>	
Tricuspid Insufficiency: <u>X NA</u>	Peak velocity	<u>m/sec PG</u>	<u>mmHg</u>	
Aortic Insufficiency: <u>X NA</u>	Peak velocity	<u>m/sec PG</u>	<u>mmHg</u>	

Echocardiographic Assessment:

The **left atrium** was not enlarged in size and ratio to the Aorta. There was no evidence of thrombi or smoke present within the left atrial chamber. The **mitral valve** appeared normal with both the anterior and posterior valve leaflets showing no thickness or significant myxomatous changes and both had normal motion and coaptation. The **left ventricle** had normal chamber size and wall thickness. The left ventricle demonstrated normal systolic function with a fractional shortening of 51.72 %. The left ventricular outflow tract showed no evidence of stenosis or obstruction and had laminar flow. The **right atrium** and auricle were of normal size and contained no mass or growth. The size of the pulmonic outflow tract was normal and approximately equal to the Aorta. No dilation or stenosis was evident. The **right ventricular** chamber and wall thickness were of normal size, with it being 1/3 of the size of the left ventricular chamber. The **pulmonic flow velocity** and the **Aortic flow velocity** were normal. Color flow doppler showed no evidence of regurgitation at the Aortic or Pulmonic valves. There was no **mitral regurgitation** or clinically significant **tricuspid regurgitation** present

on color flow doppler. The myocardium appeared normal without evidence of fibrosis, infiltrative disease or ischemia. There was no pericardial effusion present.

This patient was found to have no evidence of primary cardiac disease at this time. It is recommended to continue providing monitoring for any evidence of change.