

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name		City/State		Phone number	
Cat's registered name		Breed	Date of birth	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Intact
				<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Altered
Cat's registration number/registry		Sire's registration number/registry		Dam's registration number/registry	

I certify that I am the owner of or agent for this cat, and that the cat presented for examination is the cat described above.

Owner/agent: _____ Date: _____

VETERINARIAN INFORMATION

Name <u>Margaret Sayer</u>	Date of examination <u>10/3/2022</u>	Equipment make/model <u>Philips Epi8 7c</u>
Address <u>3726 Latrobe Dr. Charlotte, NC 28211</u>		Phone number <u>(704)457-2300</u>

PHYSICAL EXAMINATION

Weight: <u>3.9</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg	Auscultation:
Heart rate: <u>180</u> bpm	<input checked="" type="checkbox"/> Normal
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	<input type="checkbox"/> Gallop
<input type="checkbox"/> Other; describe:	<input type="checkbox"/> Murmur. Characteristics:
	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static
	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous
	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left base
	<input type="checkbox"/> Other; describe:

Comments:

ECHOCARDIOGRAM

IVSd <u>5.47</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
LVIDd <u>15.8</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWd <u>4.45</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
IVSs <u>7.50</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <u>8.26</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWs <u>7.88</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>47.7%</u>		
Ao <u>9.0</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <u>13</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, LV outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LA/Ao <u>1.44</u>		

Comments:

ASSESSMENT/DIAGNOSIS

Normal (A normal examination today does not mean that HCM will not develop in the future.)

Equivocal

Findings suspicious of mild or early HCM

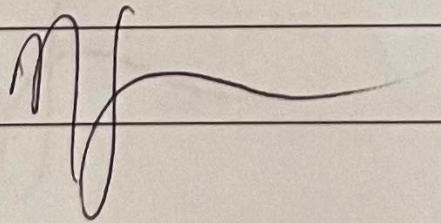
HCM: Mild Moderate Severe

Comments:

RECOMMENDATIONS

Recheck examination: None 6 months 1 year 2 years

Comments:

Veterinarian's signature 	Area of specialty <u>Cardiology</u>	Date <u>10/3/2022</u>
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