

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name Meghan Waals	City/State Green Mountain, NC	Phone number 717 917 2767	
Cat's registered name Elyalan Dark Genesis	Breed Bengal	Date of birth 4.16.2019	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry SBT 041619 017	Sire's registration number/registry SBT 022217 031	Dam's registration number/registry SBT 010517 007	
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: 4.14.2021		
VETERINARIAN INFORMATION			
Name	Date of examination	Equipment make/model	
Address		Phone number	
PHYSICAL EXAMINATION			
Weight: 9.5 lb <input type="checkbox"/> kg Heart rate: 70 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe:	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <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 0.56 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 1.68 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVPWd 0.5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 0.8 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 0.76 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVPWs 10.1 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 48 Ao _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao _____	Subjective left atrial size: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement 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 type="checkbox"/> No Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
Comments: moderate bands			
ASSESSMENT/DIAGNOSIS			
<input checked="" type="checkbox"/> Normal <i>(A normal examination today does not mean that HCM will not develop in the future.)</i> <input type="checkbox"/> Equivocal <input type="checkbox"/> Findings suspicious of mild or early HCM <input type="checkbox"/> HCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Comments:		
RECOMMENDATIONS			
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years			
Comments:			
Veterinarian's signature:	Area of specialty: Cardio	Date: 10.4.21	