

### Hypertrophic Cardiomyopathy Screening Examination Findings

#### PATIENT INFORMATION

Owner/agent name		City/State	Phone number	
Cat's registered name		Breed	Date of birth	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input 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 Epiq 7c</u>
Address <u>3726 Latrobe Dr. Charlotte, NC 28211</u>		Phone number <u>(704)457-2300</u>

#### PHYSICAL EXAMINATION

Weight: <u>4.95</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg	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:
Heart rate: <u>190</u> bpm	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	
<input type="checkbox"/> Other; describe:	

Comments:

#### ECHOCARDIOGRAM

IVSd <u>4.07</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>16.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWd <u>4.58</u> <input checked="" type="checkbox"/> M-mode <input 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): _____
IVSs <u>6.10</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <u>9.54</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LVFWs <u>8.39</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>42.2%</u>	Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
Ao <u>8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <u>12</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA/Ao <u>1.50</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

Cardiology

Date

10/3/2022