

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 TGC Elystan Valhalla Ice Warrior <i>(Ragnarok)</i>	Breed Bengal	Date of birth 4.1.2018
Cat's registration number/registry SBT 040118 040	Sire's registration number/registry SBT 111812 017	Dam's registration number/registry SBT 092716 037
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: 5.2 lb <input checked="" type="checkbox"/> kg Heart rate: 100 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 0.57 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 1.8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 0.494 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 0.77 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 10.3 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 0.74 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 44 Ao 1.0 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 1.34 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao _____	Subjective left atrial size: <input checked="" type="checkbox"/> Normal <input 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: <i>irregular myocardium @ apex</i>		
ASSESSMENT/DIAGNOSIS		
<input checked="" type="checkbox"/> Normal (A normal examination today does not mean that HCM will not develop in the future.) <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 checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years		
Comments:		
Veterinarian's signature	Area of specialty Cardio	Date 10-4-21