

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 Epiq 7C</u>
Address <u>3726 Latrobe Dr. Charlotte, NC 28211</u>		Phone number <u>(704) 457-2300</u>

PHYSICAL EXAMINATION

Weight: <u>4.14</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> Kg Heart rate: <u>170</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input checked="" 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:
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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 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 Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
LVIDd <u>17.5</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWd <u>4.32</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
IVSs <u>6.74</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <u>9.15</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWs <u>6.99</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>47.7%</u>	
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>1.5</u>	

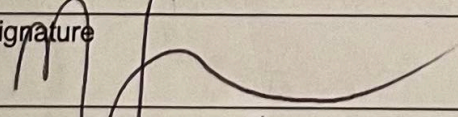
Comments:

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:
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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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