

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 Elysian AngelofEcstasy	Breed BG	Date of birth 4.15.2019	Male <input checked="" type="checkbox"/> Intact X Female <input type="checkbox"/> Altered
Cat's registration number/registry SBT 041519 012	Sire's registration number/registry SBT 022217 031	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 Margaret Sawyer	Date of examination 10.4.21	Equipment make/model Phillips Ezg7	
Address		Phone number 704-457-2300	
PHYSICAL EXAMINATION			
Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg Heart rate: _____ bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe:	Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur. Characteristics: Grade: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input checked="" type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input checked="" type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left base <input type="checkbox"/> Other; describe: rate dependent		
Comments:			
ECHOCARDIOGRAM			
IVSd 0.49 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode 2-D LVIDd 1.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 0.43 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 0.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 0.66 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 0.67 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 50 Ao 0.98 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 10.7 <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: false tendon between papillary muscles			
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 type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years			
Comments:			
Veterinarian's signature		Area of specialty Cardio	Date 10.4.21