

## Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION		
Owner/agent name <b>Meghan Waals</b>	City/State <b>Green Mountain, NC</b>	Phone number <b>717 917 2767</b>
Cat's registered name <b>Elysian Genestealers Klub</b> <i>(Obsidia)</i>	Breed <b>BG X EM X ASH</b>	Date of birth <b>8.10.2018</b> Male <input checked="" type="checkbox"/> Intact X Female <input type="checkbox"/> Altered
Cat's registration number/registry <b>BON 081018 011</b>	Sire's registration number/registry <b>AON 051813 071</b>	Dam's registration number/registry <b>AON 041317 058</b>
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: <b>4.14.2021</b>		
VETERINARIAN INFORMATION		
Name <b>Sayer</b>	Date of examination <b>10.4.21</b>	Equipment make/model
Address		Phone number
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 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 <b>0.48</b> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <b>1.48</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <b>0.27</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <b>0.7</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <b>0.6</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <b>0.7</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <b>55</b> Ao <b>0.8</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <b>0.98</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao _____	Subjective left atrial size: <input 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 type="checkbox"/> No If yes, I.V outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: <input type="checkbox"/> Yes <input type="checkbox"/> No Papillary muscles: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> <u>Abnormal, moderate enlargement</u> <input type="checkbox"/> Abnormal, severe enlargement	
Comments: <b>enlarged papillary</b>		
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 checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years		
Comments:		
Veterinarian signature	Area of specialty <b>Cardio</b>	Date <b>10.4.21</b>