

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 Rowan Maverick by Design of Elysian <i>(Maere)</i>	Breed BG X EM X ASH	Date of birth 10.28.2016
	Male <input type="checkbox"/> Intact <input checked="" type="checkbox"/>	X Female <input type="checkbox"/> Altered <input type="checkbox"/>
Cat's registration number/registry BON 102816 062	Sire's registration number/registry AON 031114 073	Dam's registration number/registry SBT 101514 064

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 SAYOR	Date of examination 10.4.21	Equipment make/model
Address		Phone number

PHYSICAL EXAMINATION

Weight: 3.9 lb <input checked="" type="checkbox"/> kg Heart rate: 210 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:
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Comments:

ECHOCARDIOGRAM

IVSd 0.45 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 1.5 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 0.39 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 0.78 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 0.71 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 0.7 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 59 Ao 0.8 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 1.1 <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 checked="" type="checkbox"/> No Papillary muscles: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
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Comments:

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:
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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
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