

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name	City/State	Phone number	
Cat's registered name	Breed	Date of birth	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Intact <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 <i>Margaret Sayer</i>	Date of examination <i>10/3/2022</i>	Equipment make/model <i>Philips Epiq 7c</i>
Address <i>3726 Latrobe Dr. Charlotte, NC 28211</i>		Phone number <i>(704) 457-2300</i>

PHYSICAL EXAMINATION	
Weight: <u>4.9</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: <u>220</u> 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 <u>4.26</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>19.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.32</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.10</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>11.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.99</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>40.9%</u> Ao <u>9.0</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>1.33</u>	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

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:

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 <i>[Signature]</i>	Area of specialty <i>Cardiology</i>	Date <i>10/3/2022</i>
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