

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 Sakura GiftofChaos of Elysian (Soahc)	Breed BG X EM X ASH	Date of birth 10.28.2016
Cat's registration number/registry CON 091018 012	Sire's registration number/registry SBT 090217 048	Dam's registration number/registry BON 051016 135

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	Date of examination	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:
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Comments:

ECHOCARDIOGRAM

IVSd <u>0.46</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>18.6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.73</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.69</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>1.0</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFws <u>0.70</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>46</u> Ao <u>0.91</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>1.4</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.6</u>	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, LV outflow tract flow velocity (Doppler): End-systolic cavity obliteration: <input type="checkbox"/> Yes <input type="checkbox"/> No Papillary muscles: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
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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 1044	Date
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carpio