



## 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 Warped Kraken</b> <b>(Roka)</b>		Breed <b>BG</b>	Date of birth <b>11.27.2020</b>
		Male <input type="checkbox"/> Intact <input checked="" type="checkbox"/>	X Female <input type="checkbox"/> Altered <input type="checkbox"/>
Cat's registration number/registry <b>NOT REGISTERED YET WILL AT APPT.</b> <b>SBT 112720050</b>		Sire's registration number/registry <b>SBT 040118 040</b>	
		Dam's registration number/registry <b>SBT 010517 007</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		Date of examination	
Address		Equipment make/model	
		Phone number	
PHYSICAL EXAMINATION			
Weight: <b>3.1</b> lb <input checked="" type="checkbox"/> kg Heart rate: <b>160</b> 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>0.57</b> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> <input type="checkbox"/> 2-D LVIDd <b>1.39</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <b>0.39</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>0.94</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <b>0.66</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <b>39</b> Ao <b>0.8</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <b>1.1</b> <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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
Comments: <b>High normal septal measurement</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: <b>Due to high IVSd</b>	
Veterinarian signature: 		Area of specialty: <b>Cardio</b>	Date: <b>10.4.21</b>