

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name: Janet Rennecker		City/State: Poway, CA	Phone number: 858 254-0544
Cat's registered name: Cosmic Chyna		Breed: Bengal	Date of birth: 5-29-18
Cat's registration number/registry: SBT 052918 071		Sire's registration number/registry: SBT	Dam's registration number/registry: SBT
		Male <input type="checkbox"/>	Intact <input checked="" type="checkbox"/>
		Female <input checked="" type="checkbox"/>	Altered <input type="checkbox"/>

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:	Date of Exam:	Equipment make/model:
Address:		Phone number:

PHYSICAL EXAMINATION

ID: Weight: lb kg Heart rate: bpm Dehydrated Pregnant Lactating Other, describe:	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop Murmur. Characteristics: Grade: Dynamic Static Timing: Systolic Diastolic Both Continuous Location: Left apex (sternum) Left base Other, describe:
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Comments:

ECHOCARDIOGRAM

IVSd 0.407 cm y mm M-mode <input checked="" type="checkbox"/> 2-D LVIdd 1.63 M-mode <input checked="" type="checkbox"/> 2-D LVFWd 0.361 M-mode <input checked="" type="checkbox"/> 2-D IVSs 0.492 M-mode <input checked="" type="checkbox"/> 2-D LVIdS 0.993 M-mode <input checked="" type="checkbox"/> 2-D LVFWs 0.580 M-mode <input checked="" type="checkbox"/> 2-D SF 39.1 Ao 1.0 M-mode 2-D <input checked="" type="checkbox"/> LA 1.0 M-mode 2-D <input checked="" type="checkbox"/> LA/Ao 1.00	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: Yes <input checked="" type="checkbox"/> No If yes, LV outflow tract flow velocity (Doppler): End-systolic cavity obliteration: 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
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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 HCM: Mild Moderate Severe	Comments:
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RECOMMENDATIONS

Recheck examination: None 6 months 1 year 2 years
 Comments:

Veterinarian's signature Sarah M. Miller DVM, DACVIM	Area of specialty: Cardiology	Date: 11/14/21
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