Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name:	City/State:	Phone number:
Janet Rennecker	Ramona, CA	858-254-0544

Cat's registered name:	Breed:	Date of birth:	Male / Female	Intact / Altered
BlackMtnBengals Tziva	Bengal	7-31-19	Female	Intact

Cat's registration number/registry:	Sire's registration number/registry:	Dam's registration number/registry:
SBT 073119 106	SBT	SBT

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:
Sarah Miller, DVM, DACVIM, Cardiology		1EPIQ 7C

Address:	Phone number:
1371 Reynolds Ave Irvine, CA 92614	949 833-9020

PHYSICAL EXAMINATION

ID:

Weight: lb kg

Heart rate: bpm

Dehydrated Pregnant Lactating

Other; describe:

Auscultation: I/VI

Normal

Gallop

Murmur. Characteristics:

Grade: ~~Dynamic~~ Static

Timing: Systolic Diastolic Both Continuous

Location: Left apex (sternum) Left base

Other; describe:

Comments:

ECHOCARDIOGRAM

IVSd 0.458	cm / mm	M-mode	2-D
LVIDd 1.53		M-mode	2-D
LVFWd 0.488		M-mode	2-D
IVSs 0.549		M-mode	2-D
LVIDs 0.854		M-mode	2-D
LVFWs 0.564		M-mode	2-D
SF 44.2			
Ao 0.9		M-mode	2-D
LA 1.1		M-mode	2-D
LA/Ao 1.22			

Subjective ~~left~~ atrial size:

Normal

~~Mild enlargement~~

Moderate enlargement

Severe enlargement

Systolic anterior motion of the mitral valve: Yes / No

If *yes*, LV outflow tract flow velocity (Doppler):

End-systolic cavity obliteration: Yes / No

Papillary ~~muscles~~:

Normal

Abnormal, moderate enlargement

Abnormal, severe enlargement

Comments:

ASSESSMENT/DIAGNOSIS

Normal *(A normal examination today does not mean that HCM will not develop in the future.)*

Equivocal

HCM: Mild Moderate Severe

Comments:

RECOMMENDATIONS

Recheck examination: None 6 months 1 year 2 years

Comments:

Veterinarian's signature	Area of specialty:	Date:
Sarah J. Miller DVM, DACVIM	Cardiology	9/14/25

FOMCC/10.2002