

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name: Janet Rennecker City/State: Roway, CA Phone number: 858-254-0514

Cat's registered name: Cosmic Bengals Chyna Breed: Bengal Date of birth: 5-29-18 Male Female Intact Altered

Cat's registration number/registry: SPT 052918 071 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: [Signature] Date: 8/29/2020

VETERINARIAN INFORMATION

Name: Sarah Miller, DVM, DACVIM, Cardiology Date of Exam: _____ Equipment make/model: 1EPIQ 7C

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

PHYSICAL EXAMINATION

ID: _____

Weight: _____ lb kg

Heart rate: _____ bpm

Dehydrated Pregnant Lactating

Other; describe: _____

Auscultation:

Normal

Gallop

Murmur. Characteristics:

Grade: _____ Dynamic Static

Timing: _____ Systolic Diastolic Both Continuous

Location: _____ Left apex (sternum) Left base

Other; describe: _____

Comments: _____

ECHOCARDIOGRAM

IVSd <u>0.488</u> <input checked="" type="checkbox"/> mm	<input checked="" type="checkbox"/> M-mode 2-D	Subjective left atrial size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
LVIDd <u>1.65</u>	<input checked="" type="checkbox"/> M-mode 2-D	
LVPWd <u>0.320</u>	<input checked="" type="checkbox"/> M-mode 2-D	
IVSs <u>0.656</u>	<input checked="" type="checkbox"/> M-mode 2-D	
LVIDs <u>0.961</u>	<input checked="" type="checkbox"/> M-mode 2-D	
LVPWs <u>0.549</u>	<input checked="" type="checkbox"/> M-mode 2-D	
SF <u>41.8%</u>		
Ao <u>1.0</u>	M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, LV outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
LA <u>1.0</u>	M-mode <input checked="" type="checkbox"/> 2-D	
LA/Ao <u>1.0</u>		

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: [Signature] Area of specialty: Cardiology Date: 8/29/2020