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
BMB Kirby	Bengal	5-7-24		

Cat's registration number/registry:	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:_____ 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:

(Normal)

Gallop

Murmur. Characteristics:

Grade: Dynamic Static

Timing: Systolic Diastolic Both Continuous

Location: Left apex (sternum) Left base

Other; describe:

Comments:

ECHOCARDIOGRAM

IVSd 0.420	cm mm	M-mode	2-D
LVIDd 1.95		M-mode	2-D
LVFWd 0.404		M-mode	2-D
IVSs 0.641		M-mode	2-D
LVIDs 1.10		M-mode	2-D
LVFWs 0.626		M-mode	2-D
SF 43.6			
Ao 1.0		M-mode	2-D
LA 1.1		M-mode	2-D
LA/Ao 1.10			

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	2/1/26

FOMCC/10.2002