

# Hypertrophic Cardiomyopathy Screening Examination Findings

## PATIENT INFORMATION

Owner/agent name: <i>Janet Rennecker</i>	City/State: <i>Ramona, CA</i>	Phone number: <i>858-254-0544</i>
Cat's registered name: <i>Black Mtn Bengals JOJO</i>	Breed: <i>Bengal</i>	Date of birth: <i>3-4-23</i>
	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Intact <input type="checkbox"/> Altered <input checked="" type="checkbox"/>
Cat's registration number/registry: <i>1</i>	Sire's registration number/registry: <i>1</i>	Dam's registration number/registry: <i>1</i>

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: \_\_\_\_\_

## VETERINARIAN INFORMATION

Name: <i>JOJO ORVACHO</i> Sarah Miller, DVM, DACVIM, Cardiology	Date of examination:	Equipment make/model: Philips IE 33
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: <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 <i>0.415</i> cm/mm LVIDd <i>1.45</i> LVFWd <i>0.489</i> IVSs <i>0.659</i> LVIDs <i>0.694</i> LVFWs <i>0.723</i> SF <i>54.9</i> Ao <i>0.8</i> LA <i>1.1</i> LA/Ao <i>1.38</i>	M-mode 2-D M-mode 2-D M-mode 2-D M-mode 2-D M-mode 2-D M-mode 2-D M-mode 2-D 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  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 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 <input checked="" type="checkbox"/> 1 year    2 years Comments:	Veterinarian's signature: <i>[Signature]</i>	Area of specialty: <i>CARDIOLOGY</i> Date: <i>1/28/24</i>
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