

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: Black Mtn Bengals Kirby Breed: Bengal Date of birth: 05-07-21 Male Intact Female Altered

Cat's registration number/registry: SBT 050721 120 Sire's registration number/registry: SBT Dam's registration number/registry: 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: 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: _____ Auscultation: Normal Gallop
 Weight: _____ lb kg Murmur Characteristics:
 Heart rate: _____ bpm Grade: Dynamic Static
 Dehydrated Pregnant Lactating Timing: Systolic Diastolic Both Continuous
 Other; describe: _____ Location: Left apex (sternum) Left base
 Other; describe: _____

Comments: _____

ECHOCARDIOGRAM

IVSd 0.359 cm mm M-mode 2-D Subjective left atrial size: Normal Mild enlargement Moderate enlargement Severe enlargement
 LVIDd 1.85 M-mode 2-D
 LVFWd 0.430 M-mode 2-D
 IVSs 0.735 M-mode 2-D Systolic anterior motion of the mitral valve: Yes No
 LVIDs 0.986 M-mode 2-D If yes, LV outflow tract flow velocity (Doppler): _____
 LVFWs 0.753 M-mode 2-D End-systolic cavity obliteration: Yes No
 SF 46.71
 Ao 0.9 M-mode 2-D Papillary muscles: Normal Abnormal, moderate enlargement Abnormal, severe enlargement
 LA 1.3 M-mode 2-D
 LA/Ao 1.44

Comments: _____

ASSESSMENT/DIAGNOSIS

Normal (A normal examination today does not mean that HCM will not develop in the future.) Comments: _____
 Equivocal
 HCM: Mild Moderate Severe

RECOMMENDATIONS

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

Veterinarian's signature: Sarah Miller DVM, DACVIM Area of specialty: Cardiology Date: 5/21/23