

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name: Janet Rennecker		City/State: Ramona, CA	Phone number: 858-254-0544
Cat's registered name: Carolina Wilds Mollie		Breed: Bengal	Date of birth: 3-13-21
		Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/> Intact	<input type="checkbox"/> Altered
Cat's registration number/registry: 1	Sire's registration number/registry: 1	Dam's registration number/registry: 1	

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: *Janet Rennecker* Date: _____

VETERINARIAN INFORMATION

Name: Joko Orjalo 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:
--	--

Comments:

ECHOCARDIOGRAM

IVSd 0.501 <input checked="" type="checkbox"/> cm mm LVIDd 1.63 LVFWd 0.360 IVSs 0.617 LVIDs 0.793 LVFws 0.617 SF 51.3% Ao 0.8 LA 0.9 LA/Ao 1.13	M-mode <input checked="" type="checkbox"/> 2-D M-mode <input checked="" type="checkbox"/> 2-D M-mode <input checked="" type="checkbox"/> 2-D M-mode <input checked="" type="checkbox"/> 2-D M-mode <input checked="" type="checkbox"/> 2-D M-mode <input checked="" type="checkbox"/> 2-D M-mode <input checked="" type="checkbox"/> 2-D M-mode <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> No Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
---	--	--

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:
--	-----------

RECOMMENDATIONS

Recheck examination: None 6 months <input checked="" type="checkbox"/> 1 year 2 years		
Comments:		
Veterinarian's signature: <u><i>Sarah Miller</i></u>	Area of specialty: CARDIOLOGY	Date: 01/28/24