

# 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: Benshir Tucker Breed: Bengal Date of birth: 3-2-20  Male  Intact  Female  Altered  
 Cat's registration number/registry: SBT 030220107 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: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Equipment make/model: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

## PHYSICAL EXAMINATION

ID: \_\_\_\_\_ Auscultation:  Normal  Gallop  
 Weight: \_\_\_\_\_ lb kg  
 Heart rate: \_\_\_\_\_ bpm  
 Dehydrated \_\_\_\_\_ Pregnant \_\_\_\_\_ Lactating \_\_\_\_\_  
 Other, describe: \_\_\_\_\_ Murmur Characteristics:  
 Grade: \_\_\_\_\_ Dynamic \_\_\_\_\_ Static \_\_\_\_\_  
 Timing: \_\_\_\_\_ Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_ Both \_\_\_\_\_ Continuous \_\_\_\_\_  
 Location: \_\_\_\_\_ Left apex (sternum) \_\_\_\_\_ Left base \_\_\_\_\_  
 Other, describe: \_\_\_\_\_

Comments: \_\_\_\_\_

## ECHOCARDIOGRAM

IVSd <u>0.358</u> cm mm M-mode 2-D <input checked="" type="radio"/> LVIDd <u>1.54</u> M-mode 2-D <input checked="" type="radio"/> LVFWd <u>0.436</u> M-mode 2-D <input checked="" type="radio"/> IVSs <u>0.629</u> M-mode 2-D <input checked="" type="radio"/> LVIDs <u>0.981</u> M-mode 2-D <input checked="" type="radio"/> LVFWs <u>0.697</u> M-mode 2-D <input checked="" type="radio"/> SF <u>42.8</u> Ao <u>1.2</u> M-mode 2-D <input checked="" type="radio"/> LA <u>1.3</u> M-mode 2-D <input checked="" type="radio"/> LA/Ao <u>1.08</u>	Subjective left atrial size: <input checked="" type="radio"/> Normal <input type="radio"/> Mild enlargement <input type="radio"/> Moderate enlargement <input type="radio"/> Severe enlargement Systolic anterior motion of the mitral valve: Yes <input checked="" type="radio"/> No If yes, LV outflow tract flow velocity (Doppler): End-systolic cavity obliteration: Yes <input checked="" type="radio"/> No Papillary muscles: <input checked="" type="radio"/> Normal <input type="radio"/> Abnormal, moderate enlargement <input type="radio"/> Abnormal, severe enlargement
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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: Sarah G. Miller DVM, DACVIM Area of specialty: Cardiology Date: 11/14/21