

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name: <i>Janet Rennecker</i>	City/State: <i>Kamara, CA</i>	Phone number: <i>858-254-0566</i>
Cat's registered name: <i>Land of Bengals Ziggy</i>	Breed: <i>Bengal</i>	Date of birth: <i>10-23-21</i>
		<input checked="" type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> Intact <input type="radio"/> Altered
Cat's registration number/registry: <i>SBT 102321 040</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: _____ Date: _____

VETERINARIAN INFORMATION

Name: <i>Sarah Miller, DVM, DACVIM, Cardiology</i>	Date of examination:	Equipment make/model: <i>Philips IE 33</i>
Address: <i>1371 Reynolds Ave Irvine, CA 92614</i>		Phone number: <i>949 833-9020</i>

PHYSICAL EXAMINATION

ID: Weight: lb kg Heart rate: bpm Dehydrated Pregnant Lactating Other; describe:	Auscultation: Normal Gallop Murmur. Characteristics: Grade: <input checked="" type="radio"/> Dynamic <input type="radio"/> Static Timing: <input checked="" type="radio"/> Systolic <input type="radio"/> Diastolic <input type="radio"/> Both <input type="radio"/> Continuous Location: <input checked="" type="radio"/> Left apex (sternum) <input type="radio"/> Left base Other; describe:
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Comments:

ECHOCARDIOGRAM

IVSd <i>0.359</i> cm/mm LVIdd <i>1.79</i> LVFWd <i>0.394</i> IVSs <i>0.556</i> LVIDs <i>0.950</i> LVFWs <i>0.463</i> SF <i>46.9</i> Ao <i>0.7</i> LA <i>0.9</i> LA/Ao <i>1.29</i>	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 M-mode <input checked="" type="checkbox"/> 2-D M-mode <input checked="" type="checkbox"/> 2-D	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

<input checked="" type="radio"/> Normal (A normal examination today does not mean that HCM will not develop in the future.) <input type="radio"/> Equivocal HCM: Mild Moderate Severe	Comments:
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RECOMMENDATIONS

Recheck examination: None 6 months 1 year 2 years

Comments:

Veterinarian's signature <i>Sarah Miller DVM, DACVIM</i>	Area of specialty: <i>Cardiology</i>	Date: <i>8/14/22</i>
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