

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <u>Alexa Rodriguez</u>	City/State <u>Tryon, NC</u>	Phone number <u>828-305-3377</u>	
Cat's registered name <u>Summit Bunny of Bougie Bengal</u>	Breed <u>Bengal</u>	Date of birth <u>4/4/20</u>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <u>SBT 042418 027</u>	Sire's registration number/registry <u>SBT 042418 027</u>	Dam's registration number/registry <u>C3S 030619 026</u>	
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: <u>Alexa Rodriguez</u>			Date: <u>12/1/22</u>
VETERINARIAN INFORMATION			
Name <u>Margaret Sayer, DVM</u>	Date of examination <u>12/1/22</u>	Equipment make/model <u>Philips EPIA 7</u>	
Address <u>3726 Latrobe Dr. Charlotte NC 28211</u>			Phone number <u>704-457-2300</u>
PHYSICAL EXAMINATION			
Weight: <u>2.96</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: <u>160</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe:	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur. Characteristics: Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left base <input type="checkbox"/> Other; describe:		
Comments:			
ECHOCARDIOGRAM			
IVSd <u>4.07</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13.6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.46</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.814</u> cm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>6.81</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>5.90</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>49.9</u> Ao <u>0.8</u> cm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>0.9</u> cm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.13</u>	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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, LV outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: <input type="checkbox"/> Yes <input type="checkbox"/> No Papillary muscles: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
Comments:			
ASSESSMENT/DIAGNOSIS			
<input type="checkbox"/> Normal (A normal examination today does not mean that HCM will not develop in the future.) <input checked="" type="checkbox"/> Equivocal <input type="checkbox"/> Findings suspicious of mild or early HCM <input type="checkbox"/> HCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Comments: <u>Recheck 1 year</u>		
RECOMMENDATIONS			
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years Comments:			
Veterinarian's signature 	Area of specialty <u>Cardio</u>	Date <u>12/1/22</u>	