

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name Alexa Rodriguez	City/State Rutherfordton, NC	Phone number 828/305-3377	
Cat's registered name " Cheetarah "	Breed BG	Date of birth 2/23/19	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry	Sire's registration number/registry	Dam's registration number/registry	
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: [Signature]		Date: 10/4/21	
VETERINARIAN INFORMATION			
Name Margaret Sayer, DVM	Date of examination 10/4/21	Equipment make/model	
Address 3726 Latrobe Dr. Charlotte, NC 28211		Phone number 704-457-2300	
PHYSICAL EXAMINATION			
Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg Heart rate: _____ 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>0.3</u> <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.4</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.4</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.74</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.79</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>48</u> Ao <u>0.98</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>11.8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao _____	Subjective left atrial size: <input 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 checked="" type="checkbox"/> No If yes, LV outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: <input type="checkbox"/> 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 <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:	
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 [Signature]	Area of specialty Cardio	Date 10.4.21	