

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>Elysian Sister Soul Vision</u>	Breed <u>Bengal</u>	Date of birth <u>1/18/22</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 011822 038</u>	Sire's registration number/registry <u>SBT 041419 017</u>	Dam's registration number/registry <u>CON 091018 012</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>A Rr</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>Phillips EpiQ 7</u>	
Address <u>3726 Latrobe Dr. Charlotte NC 28211</u>		Phone number <u>704-457-2300</u>	
PHYSICAL EXAMINATION			
Weight: <u>3.65</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: <u>150</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>4.45</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.45</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.737 cm</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>8.39</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>8.39</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>47.9%</u> Ao <u>0.9 cm</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>1.1 cm</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.22</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 checked="" type="checkbox"/> Normal <i>(A normal examination today does not mean that HCM will not develop in the future.)</i> <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:		
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>	