

## Hypertrophic Cardiomyopathy Screening Examination Findings

### PATIENT INFORMATION

Owner/agent name <u>Alexa Rodriguez</u>	City/State <u>Tryon, NC</u>	Phone number <u>8283053377</u>
Cat's registered name <u>LunaKat2 Diese1</u>	Breed <u>BG</u>	Date of birth <u>7/26/20</u>
Cat's registration number/registry <u>SBT 072620 016</u>	Sire's registration number/registry <u>SBT 060515 029</u>	Dam's registration number/registry <u>SBT 081318 007</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>10/3/22</u>	

### VETERINARIAN INFORMATION

Name <u>Margaret Sayer</u>	Date of examination <u>10/3/2022</u>	Equipment make/model <u>Philips Epiq 7C</u>
Address <u>3726 Latrobe Dr. Charlotte, NC 28211</u>		Phone number <u>(704) 457-2300</u>

### PHYSICAL EXAMINATION

Weight: <u>4.0</u> • lb <input checked="" type="radio"/> kg Heart rate: <u>145</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe:	Auscultation: <input checked="" type="radio"/> 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 Continuous Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left base <input type="checkbox"/> Other; describe:
Comments:	

### ECHOCARDIOGRAM

IVSd <u>4.83</u> • cm <input checked="" type="radio"/> mm <input type="radio"/> M-mode <input type="radio"/> 2-D LVIDd <u>19.6</u> <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D LVFWd <u>3.94</u> <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D IVSs <u>6.87</u> <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D LVIDs <u>11.1</u> <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D LVFWs <u>7.12</u> <input checked="" type="radio"/> M-mode <input type="radio"/> 2-D SF <u>43.4%</u> Ao <u>10</u> <input type="radio"/> M-mode <input checked="" type="radio"/> 2-D LA <u>13</u> <input type="radio"/> M-mode <input checked="" type="radio"/> 2-D LA/Ao <u>1.30</u>	Subjective left atrial size: <input checked="" type="radio"/> 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="radio"/> No If yes, LV outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="radio"/> No Papillary muscles: <input checked="" type="radio"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
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 <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:
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### RECOMMENDATIONS

Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years	Comments:	
Veterinarian's signature 	Area of specialty <u>Cardiology</u>	Date <u>10/3/2022</u>