

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <i>Alexa Rodriguez</i>	City/State <i>Tryon, NC</i>	Phone number <i>8283053377</i>	
Cat's registered name <i>Elysian Dreamcatchers Lucidity</i>	Breed <i>BG</i>	Date of birth <i>6/23/22</i>	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <i>SBT 062322020</i>	Sire's registration number/registry <i>SBT 072620016</i>	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: <i>A R</i>		Date: <i>6/22/23</i>	
VETERINARIAN INFORMATION			
Name <i>Sara Bretner DACVIM (cardiology)</i>	Date of examination <i>6/22/2023</i>	Equipment make/model <i>Philips Epiq 7C</i>	
Address <i>3726 Latrobe Dr. Charlotte, NC 28211</i>		Phone number <i>704-457-2300</i>	
PHYSICAL EXAMINATION			
Weight: <i>5.63</i> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: <i>140</i> 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 <i>4.27</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>1.8</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>4.65</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>7.17</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>9.62</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>6.95</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>48.6%</i> Ao <i>10</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>13</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.3</i>	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 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 <i>(A normal examination today does not mean that HCM will not develop in the future.)</i> <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: <i>LVIDd upper limits of normal. On 2D measurements are within normal limits.</i>		
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 <i>Sara Bretner</i>	Area of specialty <i>Cardiology</i>	Date <i>6/22/2023</i>	