

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <u>Alexa Rodriguez</u>	City/State <u>Troy, NC</u>	Phone number <u>828-305-3377</u>	
Cat's registered name <u>Elysium Sister soul vision</u>	Breed <u>Bengal</u>	Date of birth <u>11/18/22</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	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: _____			Date: <u>6/10/24</u>
VETERINARIAN INFORMATION			
Name <u>Margaret Sayer</u>	Date of examination <u>6/10/2024</u>	Equipment make/model <u>Phillips Epiq-7C</u>	
Address <u>3726 Latrobe Dr. Charlotte, NC 28211</u>		Phone number <u>704-457-2300</u>	
PHYSICAL EXAMINATION			
Weight: <u>4.03</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg	Auscultation:		
Heart rate: <u>140</u> bpm	<input type="checkbox"/> Normal		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	<input type="checkbox"/> Gallop		
<input type="checkbox"/> Other; describe:	<input checked="" type="checkbox"/> Murmur. Characteristics:		
	Grade: I II <u>III</u> IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static		
	Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous		
	Location: <input checked="" type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left base		
	<input type="checkbox"/> Other; describe:		
Comments:			
ECHOCARDIOGRAM			
IVSd <u>4.20</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size:		
LVIDd <u>16.1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal		
LVFWd <u>5.85</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement		
IVSs <u>0.648</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement		
LVIDs <u>9.79</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement		
LVFWs <u>7.88</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SF <u>39.2%</u>	If yes, LV outflow tract flow velocity (Doppler): _____		
Ao <u>0.9cm</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input type="checkbox"/> No		
LA <u>1.2cm</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles:		
LA/Ao <u>1.33</u>	<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 (A normal examination today does not mean that HCM will not develop in the future.)		Comments:	
<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			
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>Cardiology</u>	Date <u>6/10/24</u>	