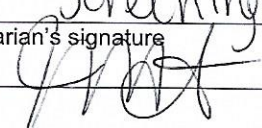


Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name Tracy DeLuna	City/State	Phone number	
Cat's registered name Leia	Breed Bengal	Date of birth 8/13/2018	<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: _____ Date: _____			
VETERINARIAN INFORMATION			
Name Julie Andrie	Date of examination 10/10/2020	Equipment make/model Phillips Epic 5c	
Address 7958 Shoal Creek Blvd, Austin, Texas 78757		Phone number 512-920-6508	
PHYSICAL EXAMINATION			
Weight: <u>4.2</u> kg Heart rate: <u>180</u> bpm <input type="checkbox"/> Dehydrated <input checked="" 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>0.514</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>1.50</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.486</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.696</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.904</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.772</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>39.7%</u> Ao <u>1.0</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>1.3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.3</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 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: <u>Screening echo in 1yr due to breed</u>			
Veterinarian's signature 	Area of specialty Cardiology	Date 10/10/2020	