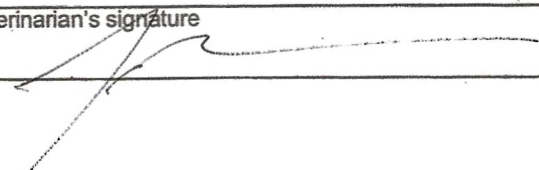


Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <u>Tracy DeLuna</u>		City/State <u>Blanchard OK</u>	Phone number <u>405-659-9888</u>
Cat's registered name <u>LunaKat2 Kilo</u>		Breed <u>Bengal</u>	Date of birth <u>10/30/21</u>
		☒ Male ☐ Female	☒ Intact ☐ Altered
Cat's registration number/registry <u>SBT 103021</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: <u>Tracy DeLuna</u>		Date: <u>9/10/22</u>	
VETERINARIAN INFORMATION			
Name <u>Thomas JD</u>		Date of examination <u>09/10/22</u>	Equipment make/model <u>SS</u>
Address		Phone number <u>785-532-5680</u>	
PHYSICAL EXAMINATION			
Weight: _____ ☐ lb ☐ kg Heart rate: _____ bpm ☐ Dehydrated ☐ Pregnant ☐ Lactating ☐ Other; describe:		Auscultation: ☒ Normal ☐ Gallop ☐ Murmur. Characteristics: Grade: I II III IV V VI ☐ Dynamic ☐ Static Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous Location: ☐ Left apex (sternum) ☐ Left base ☐ Other; describe:	
Comments:			
ECHOCARDIOGRAM			
IVSd <u>3.5</u> ☐ cm ☒ mm ☒ M-mode ☐ 2-D LVIDd <u>15.5</u> ☒ M-mode ☐ 2-D LVFWd <u>3.12</u> ☒ M-mode ☐ 2-D IVSs <u>4.9</u> ☒ M-mode ☐ 2-D LVIDs <u>9.9</u> ☒ M-mode ☐ 2-D LVFWs <u>5.5</u> ☒ M-mode ☐ 2-D SF <u>36</u> Ao <u>6.7</u> ☒ M-mode ☐ 2-D LA <u>8.8</u> ☒ M-mode ☐ 2-D LA/Ao <u>1.3</u>		Subjective left atrial size: ☒ Normal ☐ Mild enlargement ☐ Moderate enlargement ☐ Severe enlargement Systolic anterior motion of the mitral valve: ☐ Yes ☒ No If yes, LV outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: ☐ Yes ☒ No Papillary muscles: ☒ Normal ☐ Abnormal, moderate enlargement ☐ Abnormal, severe enlargement	
Comments:			
ASSESSMENT/DIAGNOSIS			
☒ Normal (A normal examination today does not mean that HCM will not develop in the future.) ☐ Equivocal ☐ Findings suspicious of mild or early HCM ☐ HCM: ☐ Mild ☐ Moderate ☐ Severe		Comments:	
RECOMMENDATIONS			
Recheck examination: ☐ None ☐ 6 months ☒ 1 year ☐ 2 years Comments:			
Veterinarian's signature 		Area of specialty <u>Cardiology</u>	Date <u>09/10/2022</u>