

## Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Mark Pennington	City/State: League City, TX	Phone number: 832-340-5349	
Cat's registered name: Mystre Maybe I'm Amazed	Breed: Bengal	Date of birth: 04/02/2013	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry: SBT-040213-022 / TICA	Sire's registration number/registry: SBT-022610-027 / TICA	Dam's registration number/registry: SBT-032912-002 / TICA	
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: Kyle Brayley, DVM	Date of examination: 05/17/14	Equipment make/model: GE VIVID 7	
Address: 12855 Gulf Freeway Houston, TX 77034		Phone number: 281-464-3554 Ext 2	
PHYSICAL EXAMINATION			
Weight: 12.90 <input checked="" type="checkbox"/> lb <input type="checkbox"/> kg Heart rate: 130 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/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    0.45 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd    1.59 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd    0.42 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs    0.62 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs    1.10 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs    0.51 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF    30.80 Ao    1.04 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA    1.37 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao    1.32	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 type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years Comments:			
Veterinarian's signature		Area of specialty: Cardiology	Date: 05/17/14