

## Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <b>Jennifer Spinks</b>	City/State <b>Austin, TX</b>	Phone number <b>512-922-3978</b>	
Cat's registered name <b>Destiny Bengals Bespoke Hero</b>	Breed <b>Bengal</b>	Date of birth <b>4/11/18</b>	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <b>SBT 112517 025</b>	Sire's registration number/registry <b>SBT <del>021014</del> 021014 031</b>	Dam's registration number/registry <b>SBT 021816 049</b>	
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: <b>Jennifer Spinks</b>		Date: <b>12/15/19</b>	
VETERINARIAN INFORMATION			
Name <b>Katie Meier DVM, DACVIM (Cardiology)</b>	Date of examination <b>12/15/2019</b>	Equipment make/model <b>Phillips Epiq 5C</b>	
Address <b>7958 Shoal Creek Blvd Austin, Tx 78757</b>		Phone number <b>512-920-6508</b>	
PHYSICAL EXAMINATION			
Weight: <b>6.47</b> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: <b>140</b> 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 <b>0.506</b> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <b>1.73</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <b>0.514</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <b>0.548</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <b>1.19</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <b>0.578</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <b>31.2%</b> Ao <b>1.2</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <b>1.4</b> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <b>1.17</b>	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:			
Veterinarian's signature <b>Katie Meier</b>	Area of specialty <b>Cardiology</b>	Date <b>12/15/2019</b>	