


Hypertrophic Cardiomyopathy Screening Examination Findings

| PATIENT INFORMATION | | | |
|--|--|-------------------------------------|---|
| Owner/agent name: Pat Taylor | City/State: Virginia Beach | Phone number: 757-495-6222 | |
| Cat's registered name: Antigua | Breed: Maine Coon | Date of birth: 11/18/16 | <input type="checkbox"/> Male <input type="checkbox"/> Intact <input 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: Herbert W. Malsenbacher, III, VMD, DACVIM (Cardiology) | Date of examination: | Equipment make/model: GE Vivid q | |
| Address: 1120 George Washington Mem Hwy Yorktown, VA 23693 | | Phone number: 757-605-1610 | |
| PHYSICAL EXAMINATION | | | |
| Weight: <u>12.4</u> <input checked="" type="checkbox"/> lb <input type="checkbox"/> kg Heart rate: <u>210</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>0.40</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.85</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.44</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.61</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.94</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.66</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>49.4</u> Ao <u>0.99</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>1.32</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.33</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"/> Clear for HCM (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 <u>Cardiology</u> | Date <u>2/19/18</u> | |