

microchip



981020035016807 981

Makoa

1st Screen

Color: Red Wassin Tab with white

Hypertrophic Cardiomyopathy Screening Examination Findings

Makanacoon's Kuu Makoa  
CFA

Owner/agent name <u>Pat TAYLOR</u>	City/State: <u>VA Beach Va</u>	Phone number <u>757-495-6222</u>
Cat's registered name: <u>Makanacoon's Kuu Makoa</u>	Breed: <u>Maine Coon</u>	Date of birth: <u>9/25/19</u>
Cat's registration number/registry:	Sire's registration number/registry:	Dam's registration number/registry:
		<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered

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: Patricia K Taylor Date: 9/30/20

Name: Herbert W. Maisenbacher, III, VMD, DACVIM (Cardiology) Date of examination: 9/30/2020 Equipment make/model: GE Vivid q

Address: 1120 George Washington Mem Hwy Yorktown, VA 23693 Phone number: 757-605-1610

1b  
13.5

Weight: <u>13.3</u> <input checked="" type="checkbox"/> lb <input type="checkbox"/> kg	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
Heart rate: <u>200</u> bpm	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	
<input type="checkbox"/> Other, describe:	

Comments

IVSd <u>0.45</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
LVIDd <u>1.87</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVI-Wd <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>1.10</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWs <u>40.9%</u> <u>0.69</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>40.9%</u>	
Ac <u>1.06</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA <u>1.30</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes LV outflow tract flow velocity (Doppler): _____
L/A/AO <u>1.23</u>	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:

<input checked="" type="checkbox"/> Clear for HCM (A normal examination today does not mean that HCM will not develop in the future)	Comments:
<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	

Recheck examination:  None  6 months  1 year  2 years

Comments:

Veterinarian's signature: [Signature] Area of specialty: Cardiology Date: 9/30/2020