

First Screening

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name PATRICIA TAYLOR	City/State Virginia, Va	Phone number 757-495-6222	
Cat's registered name KANACOB'S MIDNIGHT Edition	Breed Maine Coon	Date of birth 12/23/2020	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Intact <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: Patricia K Taylor Date: 3/22/2022

VETERINARIAN INFORMATION		
Name: Herbert W. Maisenbacher, III, VMD, DACVIM (Cardiology)	Date of examination: 3/23/2022	Equipment make/model: GE Vividq
Address: 364 S Independence Blvd Virginia Beach, VA 23452		Phone number: 757-605-1610

PHYSICAL EXAMINATION	
Weight: <u>16.5</u> <input checked="" type="checkbox"/> lb <input type="checkbox"/> kg Heart rate: <u>230</u> 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 <u>0.49</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm	<input type="checkbox"/> M-mode <input checked="" 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>1.68</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LVFWd <u>0.51</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler): _____	
IVSs <u>0.66</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LVIDs <u>0.95</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVFWs <u>0.77</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
SF <u>43.3%</u>			
Ao <u>1.16</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>1.29</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1.11</u>			

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 checked="" type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years	Comments:

Veterinarian's signature 	Area of specialty <u>Cardiology</u>	Date <u>3/23/2022</u>
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