

First Screening

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name PATRICIA TAYLOR	City/State VA Beach, Va	Phone number 757-495-6222
Cat's registered name MAK ANACONN'S Paparika PATTY	Breed Mexican	Date of birth 11/10/2020
	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact	<input checked="" 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: Patricia K Taylor Date: 3/22/2022

VETERINARIAN INFORMATION

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

PHYSICAL EXAMINATION

Weight: <u>8.7</u> <input checked="" type="checkbox"/> lb <input type="checkbox"/> kg	Auscultation:
Heart rate: _____ bpm	<input checked="" type="checkbox"/> Normal
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	<input type="checkbox"/> Gallop
<input type="checkbox"/> Other; describe:	<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>0.41</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:
LVIDd <u>1.67</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LFWd <u>0.39</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement
IVSs <u>0.59</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement
LVIDs <u>0.90</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement
LFWs <u>0.55</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
SF <u>45.8%</u>	If yes, LV outflow tract flow velocity (Doppler): _____
Ao <u>1.02</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
LA <u>1.26</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles:
LA/Ao <u>1.24</u>	<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.)	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	

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 	Area of specialty <u>Cardiology</u>	Date <u>3/23/2022</u>
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