

Zoomie

### Hypertrophic Cardiomyopathy Screening Examination Findings

#### PATIENT INFORMATION

Owner/agent name <i>Pat Taylor</i>	City/State <i>VA Beach, Va</i>	Phone number <i>757-495-6222</i>
Cat's registered name <i>some thick Zoomie of Makanacon</i>	Breed <i>Maine Coon</i>	Date of birth <i>4/24/20</i>
	<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: *7/9/21*

#### VETERINARIAN INFORMATION

Name: Herbert W. Maisenbacher, III, VMD, DACVIM (Cardiology)	Date of examination: <i>7/12/2021</i>	Equipment make/model: GE Vivid iq
Address: 364 S Independence Blvd Virginia Beach, VA 23452		Phone number: 757-605-1610

#### PHYSICAL EXAMINATION

Weight: <i>15</i> <input checked="" type="checkbox"/> lb <input type="checkbox"/> kg	Auscultation:
Heart rate: <i>210</i> 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 <i>0.50</i> <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 <i>1.78</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LVFWd <i>0.55</i> <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
IVSs <i>0.67</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LVIDs <i>1.03</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler): _____
LVFWs <i>0.80</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SF <i>41.9%</i>	Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
Ao <i>1.13</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <i>1.43</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA/Ao <i>1.27</i>	

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:  None  6 months  1 year  2 years

Comments:

Veterinarian's signature <i>Herbert W. Maisenbacher, III</i>	Area of specialty <i>Cardiology</i>	Date <i>7/12/2021</i>
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