Hypertrophic Cardiomyopathy Screening Examination Findings

Patient Information

Owner/agent name: Patricia Taylor	City/State: Virginia Beach	Phone number: 757-495-6222	
Cat's registered name: Pineapple Smoothie	Breed: Maine Coon	Date of birth: 11/28/2023	☐ Male ☒ Intact ☒ Female ☐ 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. Maisenbacher, III, VMD, DACVIM (Cardiology)	Date of examination: 8/21/24	Equipment make/model: GE Vivid IQ
Address: 364 S Independence Blvd Virginia Beach, VA 23452		Phone number: 757-605-1610

Physical Examination

Weight: 9.6 ☒ lb ☐ kg

Heart rate: 220 bpm

☐ Dehydrated ☐ Pregnant ☐ Lactating

☐ Other; describe:

Auscultation:

☒ Normal

☐ Gallop

☐ Murmur. Characteristics:

Grade: I II III IV V VI ☐ Dynamic ☐ Static

Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous

Location: ☐ Left apex (sternum) ☐ Left base

☐ Other; describe:

Comments:

Echocardiogram

IVSd	0.39	☒ cm ☐ mm	☐ M-mode	☐ 2-D
LVIDd	1.58		☐ M-mode	☐ 2-D
LVFWd	0.33		☐ M-mode	☐ 2-D
IVSs	0.62		☐ M-mode	☐ 2-D
LVIDs	0.91		☐ M-mode	☐ 2-D
LVFWs	0.60		☐ M-mode	☐ 2-D
SF	42.5%			
Ao	1.04		☐ M-mode	☐ 2-D
LA	1.17		☐ M-mode	☐ 2-D
LA/Ao	1.13			

Subjective left atrial size:

☒ Normal

☐ Mild enlargement

☐ Moderate enlargement

☐ Severe enlargement

Systolic anterior motion of the mitral valve: ☐ Yes ☒ No

If *yes*, LV outflow tract flow velocity (Doppler): _____

End-systolic cavity obliteration: ☐ Yes ☒ No

Papillary muscles:

☒ Normal

☐ Abnormal, moderate enlargement

☐ Abnormal, severe enlargement

Comments:

Assessment/Diagnosis

☒ Clear for HCM *(A normal examination today does not mean that HCM will not develop in the future.)*

☐ Equivocal

☐ Findings suspicious of mild or early HCM

☐ HCM: ☐ Mild ☐ Moderate ☐ Severe

Comments:

Recommendations

Recheck examination: ☐ None ☐ 6 months ☐ 1 year ☒ 2 years

Comments:

Veterinarian's signature	Area of specialty	Date
[signature]	Cardiology	8/21/2024