

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name: Canie V Brooks		City/State: Long Beach, CA	Phone number: 562-972-1211	
Cat's registered name: Calcatta Sampson of Wildgold		Breed: Bengal	Date of birth: 01/15/2004	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry: SBT 011504 005 / TICA	Sire's registration number/registry: SBT 042402 013 / TICA	Dam's registration number/registry: SBT 010802 007 / TICA		

I certify that I am the owner or agent for this cat, and that the cat presented for examination is the cat described above.

Owner/agent: Canie Brooks Date: 6/23/07

VETERINARIAN INFORMATION

Name: Sarah Miller, DVM, DACVIM, Cardiology	Date of examination: 06/23/2007	Equipment make/model: ACUSON Sequoia / C512
Address: 15926 Hawthorne Blvd, Lawndale, CA, 90260		Phone number: (310) 679-4988

PHYSICAL EXAMINATION

Microchip ID: AVID*071*621*061 Weight: <input type="checkbox"/> lb <input type="checkbox"/> kg Heart rate: 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/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 4.5 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 15.8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 3.5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 9.7 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 38.6 Ao 11.1 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 12.3 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.11	Subjective left atrial size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, LV outflow tract flow velocity (Doppler): 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:	

ASSESSMENT/DIAGNOSIS

<input checked="" type="checkbox"/> Normal (A normal examination today does not mean that HCM will not develop in the future.) <input type="checkbox"/> Equivocal <input type="checkbox"/> HCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Comments:
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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 <u>Sarah G. Miller DVM, DACVIM</u>	Area of specialty: <u>Cardiology</u>	Date: <u>6/23/07</u>
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(Cardiology)