

## 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: Calcutta 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 of or agent for this cat, and that the cat presented for examination is the cat described above.				
Owner/agent:			Date: 5/22/09	

### VETERINARIAN INFORMATION

Name: Sarah Miller, DVM, DACVIM, Cardiology	Date of examination: 06/21/2008	Equipment make/model: ACUSON Sequoia / C512
Address: AAAdvanced Veterinary Care , 15926 Hawthorne Blvd, Lawndale, CA		Phone number: 310-542-8018

### 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:
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Comments:

### ECHOCARDIOGRAM

IVSd 0.33 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 1.58 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 0.37 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 0.57 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 0.80 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 0.40 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 49.4% Ao 0.90 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 1.01 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.12	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
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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:
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Veterinarian's signature 	Area of specialty: Cardiology	Date: 8/22/09
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