Paisley

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name:	City/State:	Phone number:
Monique Peden	Carson City, NV	775-315-9135

Cat's registered name:	Breed:	Date of birth:	☐ Male ☒ Intact ☒ Female ☐ Altered
Bastetexotics Whiskey Lullaby	Bengal	2-7-21	

Cat's registration number/registry:	Sire's registration number/registry:	Dam's registration number/registry:
SBT 020721 035	SBT 020918 058	SBT 082817 025

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: Monique Peden Date: 10-7-22

VETERINARIAN INFORMATION

Name:	Date of examination:	Equipment make/model:
Lori Siemens	10/7/22	GE Vivid i

Address:	Phone number:
P.O. Box 1898 Diamond Springs, CA	healinhearts@gmail.com

PHYSICAL EXAMINATION

☐ Microchip or ☐ tattoo ID number:

Weight: ☐ lb ☐ kg

Heart rate: 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	3.5	☐ cm ☒ mm	☐ M-mode	☒ 2-D
LVIDd	14.8		☐ M-mode	☒ 2-D
LVFWd	2.5		☐ M-mode	☒ 2-D
IVSs	4.5		☐ M-mode	☒ 2-D
LVIDs	6.8		☐ M-mode	☒ 2-D
LVFWs	5.7		☐ M-mode	☒ 2-D
SF	54 %			
Ao	7.1		☐ M-mode	☒ 2-D
LA	7.9		☐ M-mode	☒ 2-D
LA/Ao	1.1			

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

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

☐ Equivocal

☐ HCM: ☐ Mild ☐ Moderate ☐ Severe

Comments:

RECOMMENDATIONS

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

Comments: If being used for breeding.

Veterinarian's signature	Area of specialty:	Date:
	Cardiology	10/7/22

FOMCC/10.2002

Hypertrophic Cardiomyopathy Screening Examination Findings

Patient Information

Owner/Agent Name	City/State	Phone Number
Monique Peden	Carson City, NV	775-315-9135

Cat's Registered Name	Breed	Date of Birth		
Basket Exotics Whiskey Lullaby	Bengal	2/7/21	☐ Male ☒ Female	☒ Intact ☐ Altered

Cat's Registration Number/Registry	Sire's Registration Number/Registry	Dam's Registration Number/Registry
SBT 020721 035	SBT 020918 058	SBT 082817 025

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

Owner/Agent: Monique Peden Date: 10/23/21

Veterinarian Information

Name	Date of Examination	Equipment Make/Model
Laurel Cain, DVM	10 23 2021	Sonosite Micromaxx

Address	Phone Number
Cathedral City, Ca. 92234	(951) 852-7846

Physical Examination

Microchip or Tattoo ID Number: _____

Weight _____ ☐ lb ☐ kg

Heart Rate: 156 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	.34	☒ cm	☐ mm
LVIDd	1.40	☒ M-mode	☐ 2-D
LVFWd	.30		
IVSs	.51		
LVIDs	.94		
LVFWs	.46		
SF	32		
Ao	.108		
LA	1.00		
LA/Ao	1.47		

Subjective Left Atrial size:

☒ Normal

☐ Mild Enlargement

☐ Moderate Enlargement

☐ Severe Enlargement

Systolic anterior motion of the mitral valve: None

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

Papillary muscles:

☒ Normal

☐ Abnormal, moderate enlargement

☐ Abnormal, severe enlargement

Comments:

Assessment / Diagnosis

☒ Normal (A normal examination today does not mean that HCM will not develop in the future)

☐ Equivocal

☐ HCM ☐ Mild ☐ Moderate ☐ Severe

Comments:

Recommendations

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

Comments: Recommend annual examination for breeding purposes

Veterinarian signature	Area of specialty	Date
Laurel S Cain DVM	Practitioner (Feline)	10.23.21