

# Hypertrophic Cardiomyopathy Screening Examination Findings

Patient Information			
Owner/Agent Name <b>Monique Peden</b>	City/State <b>Carson City, NV</b>	Phone Number <b>775-315-9135</b>	
Cat's Registered Name <b>Elysian Azona of Sierran Bengals</b>	Breed <b>Bengal</b>	Date of Birth <b>3/20/18</b>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's Registration Number/Registry <b>CON 032018 007</b>	Sire's Registration Number/Registry <b>SBT 111812 017</b>	Dam's Registration Number/Registry <b>BON 102816 002</b>	
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: <b>Monique Peden</b>		Date: <b>10/23/21</b>	

Veterinarian Information		
Name <b>Laurel Cain, DVM</b>	Date of Examination <b>10-23-21</b>	Equipment Make/Model <b>Sonosite Micromaxx</b>
Address <b>Cathedral City, Ca. 92234</b>		Phone Number <b>(951) 852-7846</b>

Physical Examination	
Microchip or Tattoo ID Number: _____	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur: Characteristics: Grade: I II III IV V VI Dynamic 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: _____
Weight _____ <input type="checkbox"/> lb <input type="checkbox"/> kg	
Heart Rate: <b>253</b> bpm	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	
Other (describe): _____	
Comments: _____	

Echocardiogram	
IVSd <b>.30</b> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <b>1.65</b> LVFWd <b>.39</b> IVSs <b>.54</b> LVIDs <b>.98</b> LVFWs <b>.51</b> SF <b>40</b> Ao <b>.91</b> LA <b>1.41</b> LA/Ao <b>1.55</b>	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: <b>NONE</b> If Yes, LV outflow tract flow velocity (Doppler): _____ 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: _____

Recommendations	
Recheck examination: <input checked="" type="checkbox"/> None <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years	
Comments: <b>Recommend annual examination for breeding purposes</b>	
Veterinarian signature <b>Laurel Cain, DVM</b>	Area of specialty <b>Practitioner (Feline)</b>
Date <b>10-23-21</b>	

## Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <i>Monique Peden</i>	City/State <i>Carson City, NV</i>	Phone number <i>775-315-9135</i>	
Cat's registered name <i>Elysian Azana of Sierra Nevada Bengals</i>	Breed <i>Bengal</i>	Date of birth <i>3/20/18</i>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <i>CON 032018 007</i>	Sire's registration number/registry <i>SBT 111812 017</i>	Dam's registration number/registry <i>BON 102810 002</i>	
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: <i>Monique Peden</i>			Date: <i>7/16/2020</i>

VETERINARIAN INFORMATION		
Name <i>Lori Siemens</i>	Date of examination <i>7/16/2020</i>	Equipment make/model <i>GE Vivid i</i>
Address <i>P.O. Box 1898 Diamond Springs, CA 95619</i>		Phone number - e-mail <i>healinhearts@gmail.com</i>

PHYSICAL EXAMINATION	
<input type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number: <hr/> 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 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>4.1</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <i>12.5</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <i>3.8</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <i>6.7</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <i>5.0</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <i>6.2</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <i>60%</i> Ao <i>6.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>8.2</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.2</i>	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: _____

RECOMMENDATIONS		
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years		
Comments: <i>If being used as a breeder.</i>		
Veterinarian's signature 	Area of specialty <i>Cardiology</i>	Date <i>7/16/2020</i>

## Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <i>Monique Pedem</i>	City/State <i>Carson City, NV</i>	Phone number <i>775-315-9135</i>	
Cat's registered name <i>Elusion Azura of Sierra NV/Bomb Bengal</i>	Breed <i>Bengal</i>	Date of birth <i>3/20/18</i>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <i>CON 032018 0107</i>	Sire's registration number/registry <i>SBT 11812 017</i>	Dam's registration number/registry <i>BON 102814 0102</i>	

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 Pedem* Date: *9/12/19*

VETERINARIAN INFORMATION		
Name <i>Lori Siemens</i>	Date of examination <i>9/12/19</i>	Equipment make/model <i>GE Vividi</i>
Address <i>P.O. Box 1898 Diamond Springs, CA. 95619</i>		Phone number <i>healinhearts@gmail.com</i>

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Comments:

ECHOCARDIOGRAM																																																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">IVSd</td> <td style="width: 15%;"><i>3.2</i></td> <td style="width: 10%;"><input type="checkbox"/> cm <input checked="" type="checkbox"/> mm</td> <td style="width: 10%;"><input type="checkbox"/> M-mode</td> <td style="width: 10%;"><input checked="" type="checkbox"/> 2-D</td> </tr> <tr> <td>LVIDd</td> <td><i>14.8</i></td> <td></td> <td><input type="checkbox"/> M-mode</td> <td><input checked="" type="checkbox"/> 2-D</td> </tr> <tr> <td>LFWd</td> <td><i>3.5</i></td> <td></td> <td><input type="checkbox"/> M-mode</td> <td><input checked="" type="checkbox"/> 2-D</td> </tr> <tr> <td>IVSs</td> <td><i>5.9</i></td> <td></td> <td><input type="checkbox"/> M-mode</td> <td><input checked="" type="checkbox"/> 2-D</td> </tr> <tr> <td>LVIDs</td> <td><i>5.5</i></td> <td></td> <td><input type="checkbox"/> M-mode</td> <td><input checked="" type="checkbox"/> 2-D</td> </tr> <tr> <td>LFWs</td> <td><i>7.1</i></td> <td></td> <td><input type="checkbox"/> M-mode</td> <td><input checked="" type="checkbox"/> 2-D</td> </tr> <tr> <td>SF</td> <td><i>63%</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Ao</td> <td><i>7.5</i></td> <td></td> <td><input type="checkbox"/> M-mode</td> <td><input checked="" type="checkbox"/> 2-D</td> </tr> <tr> <td>LA</td> <td><i>9.2</i></td> <td></td> <td><input type="checkbox"/> M-mode</td> <td><input checked="" type="checkbox"/> 2-D</td> </tr> <tr> <td>LA/Ao</td> <td><i>1.2</i></td> <td></td> <td></td> <td></td> </tr> </table>	IVSd	<i>3.2</i>	<input type="checkbox"/> cm <input checked="" type="checkbox"/> mm	<input type="checkbox"/> M-mode	<input checked="" type="checkbox"/> 2-D	LVIDd	<i>14.8</i>		<input type="checkbox"/> M-mode	<input checked="" type="checkbox"/> 2-D	LFWd	<i>3.5</i>		<input type="checkbox"/> M-mode	<input checked="" type="checkbox"/> 2-D	IVSs	<i>5.9</i>		<input type="checkbox"/> M-mode	<input checked="" type="checkbox"/> 2-D	LVIDs	<i>5.5</i>		<input type="checkbox"/> M-mode	<input checked="" type="checkbox"/> 2-D	LFWs	<i>7.1</i>		<input type="checkbox"/> M-mode	<input checked="" type="checkbox"/> 2-D	SF	<i>63%</i>				Ao	<i>7.5</i>		<input type="checkbox"/> M-mode	<input checked="" type="checkbox"/> 2-D	LA	<i>9.2</i>		<input type="checkbox"/> M-mode	<input checked="" type="checkbox"/> 2-D	LA/Ao	<i>1.2</i>				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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Veterinarian's signature <i>[Signature]</i>	Area of specialty <i>Cardiology</i>	Date <i>9/12/19</i>