

Hypertrophic Cardiomyopathy Screening Examination Findings

Patient Information			
Owner/Agent Name Monique Peden		City/State Carson City, NV	Phone Number 775-315-9135
Cat's Registered Name Basket Exotics Whiskey	Breed Bengal	Date of Birth 2/7/21	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's Registration Number/Registry SBT 020721 035	Sire's Registration Number/Registry SBT 020918 058	Dam's Registration Number/Registry 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 Laurel Cain, DVM		Date of Examination 10 23 2021	Equipment Make/Model Sonosite Micromaxx
Address Cathedral City, Ca. 92234		Phone Number (951) 852-7846	
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: 156 bpm			
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating Other (describe): _____			
Comments:			
Echocardiogram			
IVSd .34 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 1.40 LVFWd .30 IVSs .51 LVIDs .94 LVFWs .46 SF 32 Ao 1.08 LA 1.00 LA/Ao 1.47		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: None 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: Recommend annual examination for breeding purposes			
Veterinarian signature Laurel Cain, DVM		Area of specialty Practitioner (Feline)	Date 10.23.21