

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Pet: Floyd	Owner/agent name: Landrum	Phone number: [REDACTED]	
Address [REDACTED]	Breed: Spynx Wt: 10 Male	AGE: 1.5	Date of Exam : May 6, 2006
Cat's registration number/registry:	Sire's registration number/registry:	Dam's registration number/registry:	
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: _____	
VETERINARIAN INFORMATION			
Name:			
Address:		Phone number:	
ECHOCARDIOGRAM			
<p>M-Mode Measurements (cm)</p> <p>IVSd 0.5 cm</p> <p>LVIDd 1.65 cm</p> <p>LVFWd 0.5 cm</p> <p>IVSs 0.8 cm</p> <p>LVIDs 0.9 cm</p> <p>LVFWs 0.8 cm</p> <p>FS % 45%</p> <p>Ao 1.0 cm M-mode</p> <p>LA 1.1 cm M-mode</p> <p>LA/AO 1.1</p> <p>Note: Measurements were obtained by Registered Cardiac Sonographer. Video clips and measurements are interpreted by Boarded Cardiologist off site.</p>	<p>Assessment of video clips submitted by Registered Cardiac Sonographer for review.</p> <p>Subjective left atrial size: Normal <input checked="" type="checkbox"/> X Mild enlargement Moderate enlargement Severe enlargement</p> <p>Systolic anterior motion of the mitral valve: Yes No X</p> <p>If yes, LV outflow tract flow velocity (Doppler):</p> <p>End-systolic cavity obliteration: Yes No X</p> <p>Papillary muscles: Normal <input checked="" type="checkbox"/> X Abnormal, moderate enlargement Abnormal, severe enlargement</p> <p>Color Flow Doppler</p> <p>RVOT /PV Normal <input checked="" type="checkbox"/> X Turbulence Regurg.</p> <p>LVOT/AO Normal <input checked="" type="checkbox"/> X Turbulence Regurg.</p> <p>MV / TV Normal <input checked="" type="checkbox"/> X Turbulence Regurg.</p>		
Comments:			
ASSESSMENT / DIAGNOSIS			
<input checked="" type="checkbox"/> Normal <i>(A normal examination today does not mean that HCM will not develop in the future.)</i> <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:			
Veterinarian's signature Jean Betkowski, DVM, Dip ACVIM (Cardiology)	Area of specialty: ACVIM Cardiology	Date: 6/30/06	