

# Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Pet: <b>Oddrey</b>	Owner/agent name: <b>Landrum</b>	Phone number: [REDACTED]	
Address [REDACTED]	Breed: <b>Spynx</b> Wt: <b>8</b> <b>Male</b> <i>Female</i>	AGE: <b>2</b>	Date of Exam : <b>May 6, 2006</b>
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: <i>[Signature]</i>		Date: _____	
VETERINARIAN INFORMATION			
Name:		[REDACTED]	
Address:		Phone number:	
[REDACTED]			
ECHOCARDIOGRAM			
<p>Measurements estimated from 2-D images</p> <p><b>IVSd 0.5 cm</b></p> <p><b>LVIDd 1.25 cm</b></p> <p><b>LVFWd 0.5 cm</b></p> <p><b>IVSs 0.7 cm</b></p> <p><b>LVIDs 0.7 cm</b></p> <p><b>LVFWs 0.9 cm</b></p> <p><b>FS % 44 %</b></p> <p><b>Ao 0.9 cm                    2-D</b></p> <p><b>LA 0.95 cm                    2-D</b></p> <p><b>LA/AO 1.05</b></p> <p><b>Note: Measurements were obtained by Registered Cardiac Sonographer. Video clips and measurements are interpreted by Boarded Cardiologist off site.</b></p>	<p><b>Assessment of video clips submitted by Registered Cardiac Sonographer for review.</b></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 <input checked="" type="checkbox"/> X            If yes, LV outflow tract flow velocity (Doppler):</p> <p>End-systolic cavity obliteration: Yes    No <input checked="" type="checkbox"/> 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.            LVOT/AO    Normal <input checked="" type="checkbox"/> X    Turbulence    Regurg.            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  <b>Jean Betkowski, DVM, Dip ACVIM (Cardiology)</b>	Area of specialty: <b>ACVIM Cardiology</b>	Date: <b>6/30/06</b>	