

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Pet: Tiger Lily	Owner/agent name: Marina Landrum	Phone number: [REDACTED]	
Address [REDACTED]	Breed: Sphynx	Wt: 7	AGE: 0.9 Date of Exam: 7/15/06
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>Marina Landrum</i>		Date: _____	
VETERINARIAN INFORMATION			
Name:			
Address:			Phone number:
ECHOCARDEOGRAM			
<p>M-Mode Measurements (cm)</p> <p>IVSd 0.45 cm</p> <p>LVIDd 1.65 cm</p> <p>LVPWd 0.45 cm</p> <p>IVSs 0.8 cm</p> <p>LVIDs 0.75 cm</p> <p>LVPWs 0.75 cm</p> <p>FS % 54%</p> <p>Ao 0.9 cm M-mode</p> <p>LA 1.15 cm M-mode</p> <p>LA/AO 1.27</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 <input checked="" type="checkbox"/> X</p> <p>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 <input checked="" type="checkbox"/> Normal Turbulence Regurg.</p> <p>LVOT/AO <input checked="" type="checkbox"/> Normal Turbulence Regurg.</p> <p>MV / TV <input checked="" type="checkbox"/> Normal 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, VMD, Dip ACVIM (Cardiology)	Area of specialty: ACIM Cardiology	Date: 8/5/06	