

## Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name	City/State	Phone number	
Cat's registered name	Breed	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
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 <i>Lori Siemens</i>	Date of examination	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: _____  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 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    _____ <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd    _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd    _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs    _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs    _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs    _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF        _____ Ao        _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA        _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao    _____	Subjective left atrial size: <input 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 type="checkbox"/> No If yes, LV outflow tract flow velocity (Doppler): _____  End-systolic cavity obliteration: <input type="checkbox"/> Yes <input type="checkbox"/> No  Papillary muscles: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
Comments:	

ASSESSMENT/DIAGNOSIS	
<input 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 type="checkbox"/> None <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years		
Comments:		
Veterinarian's signature	Area of specialty	Date