

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <i>Katreen Taylor</i>	City/State <i>VA Beach, Va</i>	Phone number <i>757-495-6222</i>	
Cat's registered name <i>Martini Kokoleka</i>	Breed <i>Maine Coon</i>	Date of birth <i>9/6/21</i>	<input type="checkbox"/> Male <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <i>pending</i>	Sire's registration number/registry <i>1744-02932620</i>	Dam's registration number/registry <i>1735-02932621</i>	
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>Katreen K Taylor</i>		Date: <i>11/14/22</i>	
VETERINARIAN INFORMATION			
Name: Herbert W. Maisenbacher, III, VMD, DACVIM (Cardiology)	Date of examination: <i>11/16/2022</i>	Equipment make/model: GE Vivid q	
Address: 364 S Independence Blvd Virginia Beach, VA 23452		Phone number: 757-605-1610	
PHYSICAL EXAMINATION			
Weight: <i>10.6</i> <input checked="" type="checkbox"/> lb <input type="checkbox"/> kg	Auscultation:		
Heart rate: <i>220</i> bpm	<input checked="" type="checkbox"/> Normal		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	<input type="checkbox"/> Gallop		
<input type="checkbox"/> Other; describe:	<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 <i>0.45</i> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size:		
LVIDd <i>1.61</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal		
LVFWd <i>0.44</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement		
IVSs <i>0.68</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement		
LVIDs <i>0.88</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement		
LVFWs <i>0.68</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SF <i>45.6%</i>	If yes, LV outflow tract flow velocity (Doppler): _____		
Ao <i>0.91</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
LA <i>1.28</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles:		
LA/Ao <i>1.40</i>	<input checked="" type="checkbox"/> Normal		
	<input type="checkbox"/> Abnormal, moderate enlargement		
	<input type="checkbox"/> Abnormal, severe enlargement		
Comments:			
ASSESSMENT/DIAGNOSIS			
<input checked="" type="checkbox"/> Clear for HCM (A normal examination today does not mean that HCM will not develop in the future.)		Comments:	
<input type="checkbox"/> Equivocal			
<input type="checkbox"/> Findings suspicious of mild or early HCM			
<input type="checkbox"/> HCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			
RECOMMENDATIONS			
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years			
Comments:			
Veterinarian's signature <i>Herbert W. Maisenbacher, III</i>	Area of specialty <i>Cardiology</i>	Date <i>11/16/2022</i>	