

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name Blake Gipson		City/State Centennial CO	Phone number 214.621.6888
Cat's registered name Nudelook "Noomi" Rapace Bemisu		Breed SX	Date of birth 5/24/12
		<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Intact
		<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Altered
Cat's registration number/registry SBT 052412 003	Sire's registration number/registry Ulises Paradais Sphynx	Dam's registration number/registry Eldire D'Hasgard Des	

Eifes
DA

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: **Blake Gipson** Date: **1/4/15**

VETERINARIAN INFORMATION

Name Geri Lake-Bakaar, DVM, DACVIM (Cardiology)	Date of examination 1/4/15	Equipment make/model Phillips CX50
Address Adams County Fairgrounds, 9755 Henderson Rd, Brighton, CO 80601		Phone number

PHYSICAL EXAMINATION

Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg Heart rate: 180 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe:	Auscultation: <input checked="" 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 4.85 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd 11.98 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd 4.74 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs 6.05 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs 4.94 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs 7.35 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF 59% Ao 8.91 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 9.33 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.05	Subjective left atrial size: <input checked="" 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 checked="" type="checkbox"/> No If yes, LV outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
Comments:	

ASSESSMENT/DIAGNOSIS

<input checked="" type="checkbox"/> Normal (A normal examination today does not mean that HCM will not develop in the future.) <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	Comments:
--	-----------

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>Geri Lake Bakaar</i>	Area of specialty DACVIM (Cardiology)	Date 1/4/2015
---	---	-------------------------