

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	Date of examination	Equipment make/model	
Address		Phone number	
PHYSICAL EXAMINATION			
Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg	Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur		
Heart rate: _____ bpm	Characteristics: Grade: I II III IV V VI		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	<input type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both		
<input type="checkbox"/> Other, describe:	<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 _____	Subjective left atrial size: <input type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement		
<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd _____ <input type="checkbox"/> M-mode	Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 2-D IVSs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs _____	If yes, LV outflow tract flow velocity (Doppler): _____		
<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs _____ <input type="checkbox"/> M-mode	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 2-D SF _____ Ao _____ <input type="checkbox"/> M-mode	Papillary muscles:		
<input type="checkbox"/> 2-D LA _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao _____	<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"/> Findings suspicious of mild or early HCM <input type="checkbox"/> HCM: <input checked="" type="checkbox"/> Mild <input checked="" type="checkbox"/> Moderate <input checked="" 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	<i>FOMCC/9.20.02</i>