

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:			
Heart rate: _____ bpm		<input type="checkbox"/> Normal			
<input type="checkbox"/> Dehydrated		<input type="checkbox"/> Gallop			
<input type="checkbox"/> Pregnant		<input type="checkbox"/> Murmur. Characteristics:			
<input type="checkbox"/> Lactating		Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static			
<input type="checkbox"/> Other; describe:		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		Subjective left atrial size:	
LVIDd _____		<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		<input type="checkbox"/> Normal	
LVFWd _____		<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		<input type="checkbox"/> Mild enlargement	
IVSs _____		<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		<input type="checkbox"/> Moderate enlargement	
LVIDs _____		<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		<input type="checkbox"/> Severe enlargement	
LVFWs _____		<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SF _____				If yes, LV outflow tract flow velocity (Doppler): _____	
Ao _____		<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		End-systolic cavity obliteration: <input type="checkbox"/> Yes <input type="checkbox"/> No	
LA _____		<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		Papillary muscles:	
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>			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 type="checkbox"/> 2 years					
Comments:					
Veterinarian's signature		Area of specialty		Date	