

3272 Goldstone Drive
Roseville, CA

Hypertrophic Cardiomyopathy Screening Examination Findings

| PATIENT INFORMATION | | | |
|---|---|---|---|
| Owner/agent name Stacy Thomas | City/State Roseville CA | Phone number 916 521-0240 | |
| Cat's registered name Simply Stimes White Knight | Breed Bengal | Date of birth 9/9/2010 | Intact <input checked="" type="checkbox"/> Altered <input type="checkbox"/> |
| Cat's registration number/registry SRT 090910027 | Sex's registration number/registry SRT 101507036 | Dam's registration number/registry SRT 080408031 | |
| 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. | | | |
| Overagent: John W. Adams | Date: 12/4/2011 | | |
| VETERINARIAN INFORMATION | | | |
| Name Lori Siemens | Date of examination | Equipment make/model GE Vivid | |
| Address P.O. Box 1898 Diamond Springs, CA 95619 | | | |
| Phone number e-mail healthcare@gsmt.com | | | |
| PHYSICAL EXAMINATION | | | |
| 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: | | Weight: _____ lb <input type="checkbox"/> kg Heart rate: _____ bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number: | |
| ECHOCARDIOGRAM | | | |
| 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 | | LVIDD <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D 15.5 LVPWD <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D 4.2 IVSS <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D 5.5 LVVWS <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D 7.1 SF <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D 41% | |
| Comments: | | LVAo <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D 10.0 LA <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D 19.0 Ao <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D 10.2 | |
| ASSESSMENT/DIAGNOSIS | | | |
| Comments: | | Normal <input checked="" type="checkbox"/> (A normal examination today does not mean that HCM will not develop in the future.) <input type="checkbox"/> Equivocal <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 checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years | | | |
| Comments: While being used as a breeder. | | | |
| Area of specialty Cardiology | | Veterinarian's signature | |
| Date 12/4/11 | | FOMCC110.2002 | |

