

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <i>LEW LLEWELLYN</i>	City/State <i>NORWALK, CT</i>	Phone number <i>203-847-6957</i>	
Cat's registered name <i>TABBEYRD MARCUS BRIVUS</i>	Breed <i>MAINE COON</i>	Date of birth <i>3/16/2001</i>	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <i>SBT 031601005 (TICA)</i>	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: <i>Lew Lewellyn</i>		Date: <i>6/17/2003</i>	
VETERINARIAN INFORMATION			
Name <i>MARK STAMOURIS DVM</i>	Date of examination <i>6/17/03</i>	Equipment make/model <i>Biosound - Carli</i>	
Address <i>141 MEADOW LN. MIDD. CT 02842</i>		Phone number <i>401 639 2807</i>	
PHYSICAL EXAMINATION			
<input type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number: <i>16.5</i>		Auscultation:	
Weight: 10.5 <input checked="" type="checkbox"/> lb <input type="checkbox"/> kg Heart rate: <i>160</i> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe: <i>N</i>		<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: <i>GOOD CONDITION</i>			
ECHOCARDIOGRAM			
IVSd <i>.42</i> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size:		
LVIDd <i>2.15</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement		
LVFWd <i>.34</i> <input checked="" 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		
IVSs <i>.76</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler): <i> / </i>		
LVIDs <i>1.16</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
LVFWs <i>.68</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles:		
SF <i>46%</i>	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
Ao <i>1.39</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA <i>1.42</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA/Ao <i>1.02</i>			
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"/> 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 checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years			
Comments:			
Veterinarian's signature <i>M Stamouris DVM</i>	Area of specialty <i>Cardiology</i>	Date <i>6/17/03</i>	