

Hypertrophic Cardiomyopathy Screening Report

PATIENT INFORMATION		
Owner/Agent Name <i>Kelsi Poteet</i>	City/State <i>Louisville, Ky</i>	Phone Number: <i>(502) 310-1344</i>
Cat's Registered Name <i>Seanova Dora of Bluegrasskatz</i>	Breed <i>Bengal</i>	DOB: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's Reg. # / Registry <i>SBT 042414 033 TICA</i>	Sire's Name/Reg. # <i>Leopardbabes Walk on the Wildside</i>	Dam's Name/Reg. # <i>Exotique bengal's smoky Taboo</i>
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>Kelsi Poteet</i>		Date: <i>6/3/16</i>

VETERINARIAN INFORMATION		
Name <i>Pam Johnson, DVM</i>	Date of Examination <i>6/3/16</i>	Equipment Make/Model
Address <i>444 Hwy. 44 E., Mt. Washington, Ky 40047</i>		Phone Number <i>(502) 538-2287</i>

PHYSICAL EXAMINATION	
<input type="checkbox"/> Microchip <input type="checkbox"/> Tattoo <input type="checkbox"/> ID #: Weight <u><i>7.0</i></u> <input type="checkbox"/> lb <input type="checkbox"/> kg Heart Rate <u><i>180</i></u> 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	
<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D Note any abnormal readings: Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input 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	Subjective left atrial size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild Enlargement <input type="checkbox"/> Moderate Enlargement <input type="checkbox"/> Severe Enlargement
Comments:	

ASSESSMENT / DIAGNOSIS		
<input checked="" type="checkbox"/> Normal (A normal exam today does not mean 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:	
Veterinarian's Signature <i>Pam Johnson DVM</i>	Area of Specialty <i>small animal</i>	Date <i>6/3/16</i>