

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name: Jennifer Curtis City/State: Sacramento CA Phone number: (925) 705-5950
 Cat's registered name: Maple of Butterbears longhair Breed: British Date of birth: 1/1/24 ☐ Male ☒ Female ☐ Intact ☐ Altered
 Cat's registration number/registry: SBV 013024041 Sire's registration number/registry: SBT 072119098 Dam's registration number/registry: SBV 082321

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: [Signature] Date: 8/9/26

VETERINARIAN INFORMATION

Name: Dr. Hayley McDonald Date of examination: 8/9/26 Equipment make/model: GE Vivid IQ
 Address: _____ Phone number: 406.439.0421

PHYSICAL EXAMINATION

Weight: 3.1 ☐ lb ☒ kg
 Heart rate: 210 bpm
☐ Dehydrated ☐ Pregnant ☐ Lactating
☐ Other; describe: _____
 Auscultation:
☒ Normal ☐ Gallop ☐ Murmur. Characteristics:
 Grade: I II III IV V VI ☐ Dynamic ☐ Static
 Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
 Location: ☐ Left apex (sternum) ☐ Left base ☐ Other; describe: _____

Comments: _____

ECHOCARDIOGRAM

IVSd	<u>3.53</u>	☐ cm ☒ mm	☐ M-mode ☒ 2-D	Subjective left atrial size: ☒ Normal ☐ Mild enlargement ☐ Moderate enlargement ☐ Severe enlargement Systolic anterior motion of the mitral valve: ☐ Yes ☒ No If yes, LV outflow tract flow velocity (Doppler): _____ End-systolic cavity obliteration: ☐ Yes ☒ No Papillary muscles: ☒ Normal ☐ Abnormal, moderate enlargement ☐ Abnormal, severe enlargement
LVIDd	<u>16</u>		☐ M-mode ☒ 2-D	
LVFWd	<u>2.83</u>		☐ M-mode ☒ 2-D	
IVSs	<u>3.9</u>		☐ M-mode ☒ 2-D	
LVIDs	<u>10.4</u>		☐ M-mode ☒ 2-D	
LVFWs	<u>4.9</u>		☐ M-mode ☒ 2-D	
SF	<u>35</u>			
Ao	<u>8.6</u>		☐ M-mode ☒ 2-D	
LA	<u>9.3</u>		☐ M-mode ☒ 2-D	
LA/Ao	<u>1.08</u>			

Comments: _____

ASSESSMENT/DIAGNOSIS

☒ Normal (A normal examination today does not mean that HCM will not develop in the future.)
☐ Equivocal
☐ Findings suspicious of mild or early HCM
☐ HCM: ☐ Mild ☐ Moderate ☐ Severe
 Comments: _____

RECOMMENDATIONS

Recheck examination: ☐ None ☐ 6 months ☒ 1 year ☐ 2 years
 Comments: 12 months if breeding
 Veterinarian's signature: [Signature] Area of specialty: ECVIM Cardiology Date: 8/9/26