Iowa State University Veterinary Teaching Hospital College of Veterinary Medicine

College of Veterinary Medicine Ames, Iowa 50011 Large Animal - (515) 294-1500 Small Animal - (515) 294-4900



ISU Record #	

Feline Hypertrophic Cardiomyopathy Screening Examination

	PATIEN	NT INFORMATION				
Owner/Agent Name:	Telephone:					
Address:	City/State/Zip					
Cat's Registered Name						
Breed Color	Birthdate		☐Male ☐Female	☐Intact ☐Neutered		
Registration Number and Registry: This cat	Sire Dam					
I certify that I am the owner of c	or agent for this cat, and that t	the cat presented for exami	nation is the cat de	escribed above.		
-	Date:					
	PHYSIC	AL EXAMINATION				
Weight: lb kg Heart Rate: bpm Dehydrated Pregnant Other; describe: Comments:	A □Lactating	Timing: Location:	V VI 🗌 Dynami	ic Both Continuous Left Base		
	ECH	OCARDIOGRAM				
IVSd cm _mm LVIDd LVFWd IVSs LVIDs LVFWs FS (%) Ao LA LA/Ao 2D LAx LA Comments:	M-mode □2-D M-mode □2-D M-mode □2-D M-mode □2-D M-mode □2-D M-mode □2-D M-mode □2-D	☐ Moders ☐ Severe Systolic anterior r (LVOT velocity End-systolic cavit Papillary muscles ☐ Normal ☐ Abnorm	I Inlargement Inla	mmHg)]Yes □No argement		
	*** A Q C E Q C	SMENT/DIAGNOSIS***				
☐Equivocal ☐Findings suspicious of mi☐HCM: ☐Mild ☐Mo	ation today does not mean elop in the future.)		s:			
Veterinarian's Signature						
Jessica L. Ward, DVM, Diplo	mate ACVIM (Diplomate A	 CVIM Cardiology)	Date):		