Feline Hypertrophic Cardiomyopathy Screening Examination

PATIENT INFORMATION

Owner/Agent Name: Mallory Knollwood Telephone: [redacted]

Address: [redacted] City/State/Zip Jacksonville, FL 32224

Cat's Registered Name Sassy Koong Fairies Wear Boots

Breed Maine Coon Color White Birthdate 7/18/25 ☐Male ☒Intact ☒Female ☐Neutered

Registration Number and Registry:

This cat _____ Sire _____ Dam _____

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: Mallory Knollwood Date: 9/12/26

PHYSICAL EXAMINATION

Weight: _____ ☐lb ☐kg

Heart Rate: _____ bpm

☐Dehydrated ☐Pregnant ☐Lactating

☐Other; describe:

Comments:

Auscultation:

☑Normal

☐Gallop

☐Murmur Characteristics:

Grade: I II III IV V VI ☐Dynamic ☐Static

Timing: ☐Systolic ☐Diastolic ☐Both ☐Continuous

Location: ☐Left Apex ☐Left Base

☐L/R Cranial Sternal Border

☐Other

ECHOCARDIOGRAM

IVSd	.27 ☒cm ☐mm	☐M-mode	☐2-D
LVIDd	1.49	☐M-mode	☐2-D
LVFWd	.48	☐M-mode	☐2-D
IVSs	.46	☐M-mode	☐2-D
LVIDs	.94	☐M-mode	☐2-D
LVFWs	.7	☐M-mode	☐2-D
FS (%)	44		
Ao	1.13	☐M-mode	☐2-D
LA	1.2	☐M-mode	☐2-D
LA/Ao	1.13		
2D LAx LA	_____		

Comments:

Subjective left atrial size:

☑Normal

☐Mild enlargement

☐Moderate enlargement

☐Severe enlargement

Systolic anterior motion of the mitral valve: ☐Yes ☐No

(LVOT velocity _____ m/s; _____ mmHg)

End-systolic cavity obliteration: ☐Yes ☐No

Papillary muscles:

☑Normal

☐Abnormal, moderate enlargement

☐Abnormal, severe enlargement

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:

Veterinarian's Signature

Amara N. Estrada

Dr. Amara Estrada, DVM, DACVIM (Cardiology)

9/12/26

Date: