

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Vlasaková Irita	City/State: Praha 4	Phone number:	
Cat's registered name: Kara z Roubenky	Breed: BRI c	Date of birth: 3/5/2014	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry: CSCH LO 630/14/BRI /	Sire's registration number/registry: CSCH LO 94/12/BRI /	Dam's registration number/registry: CSCH LO 1423/9/BRI /	
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: _____		Date: _____	
VETERINARIAN INFORMATION			
Name: MVDr. Ľuboš HRIB	Date of examination: 13/10/2015	Equipment make/model: MindrayM5 Vet	
Address: Libeň 200, 252 41 Libeň		Phone number: +420 721 030 843	
PHYSICAL EXAMINATION			
Microchip ID: 941000016468670	Auscultation:		
Weight: 3.70 <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg	<input checked="" type="checkbox"/> Normal		
Heart rate: 220 bpm	<input type="checkbox"/> Gallop		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating	<input type="checkbox"/> Murmur. Characteristics:		
<input type="checkbox"/> Other; describe:	Grade: I/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			
IVSd <u>0,43/0,43</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Subjective left atrial size:		
LVIDd <u>1,29</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal		
LVFWd <u>0,47/0,43</u> <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement		
IVSs <u>0,65</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement		
LVIDs <u>0,69</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement		
LVFWs <u>0,68</u> <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		
SF <u>53%</u>	If yes, LV outflow tract flow velocity (Doppler): 56cm/s		
Ao <u>0,96</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
LA <u>1,23</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles:		
LA/Ao <u>1,27</u>	<input checked="" type="checkbox"/> Normal		
	<input type="checkbox"/> Abnormal, moderate enlargement		
	<input type="checkbox"/> Abnormal, severe enlargement		
Comments:			
ASSESSMENT/DIAGNOSIS			
<input checked="" type="checkbox"/> Normal (A normal examination today does not mean that HCM will not develop in the future.)		Comments:	
<input type="checkbox"/> Equivocal		HCM - Negative	
<input type="checkbox"/> HCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe			
RECOMMENDATIONS			
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years			
Comments:			
Veterinarian's signature	Area of specialty: Libeň 200	Date: 13/10/2015	

