

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Vlasaková Irita	City/State: Praha 4	Phone number:	
Cat's registered name: Frost & Fire Katta Leya	Breed: BSH c	Date of birth: 18/10/2016	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry: CSCH RX 132/17/BSH /	Sire's registration number/registry: CFCA LO 9848 /	Dam's registration number/registry: ARCCA LO 60388 /	
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: 27/3/2018	Equipment make/model: MindrayM5 Vet	
Address: Libeř 200, 252 41 Libeř		Phone number: +420 721 030 843	
PHYSICAL EXAMINATION			
Microchip ID: 643099000312299	Auscultation:		
Weight: 3.50 <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur. Characteristics:		
Heart rate: 260 bpm	Grade: I/VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe:	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>07.510.42</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>1.48</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.43/0.42</u> <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>0.65</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.74</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.68</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>50%</u> Ao <u>1.10</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>1.34</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.22</u>	Subjective left atrial size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, LV outflow tract flow velocity (Doppler): 68cm/s 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		
Comments:			
ASSESSMENT/DIAGNOSIS			
<input checked="" type="checkbox"/> Normal (A normal examination today does not mean that 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: HCM - Negative		
RECOMMENDATIONS			
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years			
Comments:			
Veterinarian's signature <u>27/3/2018</u>		Area of specialty: Libeř 200	Date: 27/03/2018



VETERINARY HOME

MVDr. Ľuboš Hrib (KVL 4901)
 Libeř 200, 252 41 Libeř
 Mob: 721 030 843
 IČ: 75087421, DIČ: CZ8101028650
 www.veterina-hrib.cz