

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Ivana Roznerová		City/State: Bílinka	Phone number:
Cat's registered name: Alice in Wonderland Sunny Queen		Breed: Birma	Date of birth: 29/4/2013 <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/SBI /	Sire's registration number/registry: /	Dam's registration number/registry: /	
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: 9/1/2015	Equipment make/model: MindrayM5 Vet
Address: Liber 200, 252 41 Liber		Phone number: +420 721 030 843

PHYSICAL EXAMINATION	
Microchip ID: 981020009333032	Auscultation:
Weight: 2.90 <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg	<input checked="" type="checkbox"/> Normal
Heart rate: 180 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>0.34/0.32</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: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
LVIDd <u>1.36</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWd <u>0.34/0.31</u> <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
IVSs <u>0.68</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <u>0.65</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWs <u>0.65</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>52%</u>	
Ao <u>0.99</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <u>1.27</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LA/Ao <u>1.29</u>	If yes, LV outflow tract flow velocity (Doppler): 63cm/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.)	Comments: HCM - Negative
<input type="checkbox"/> Equivocal	
<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: Liber 200	Date: 9/1/2015
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