

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Ivana Roznerová	City/State: Bilinka	Phone number:	
Cat's registered name: Belle Belize C'est le Reve!	Breed: Birma	Date of birth: 29/7/2007	<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 9/8/SBI /	Sire's registration number/registry: SNRF SBI 6550 /	Dam's registration number/registry: NL.FE.Lo6.SBI.110.3 /	
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: Libeň 200, 252 41 Libeň		Phone number: +420 721 030 843	
PHYSICAL EXAMINATION			
Microchip ID: 528246000176944	Auscultation:		
Weight: 3.40 <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg	<input checked="" type="checkbox"/> Normal		
Heart rate: 160 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>0.34/0.31</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>1.45</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal		
LVFWd <u>0.34/0.35</u> <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement		
IVSs <u>0.59</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement		
LVIDs <u>0.77</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement		
LVFWs <u>0.59</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>47%</u>	If yes, LV outflow tract flow velocity (Doppler): 74cm/s		
Ao <u>0.98</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>1.28</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles:		
LA/Ao <u>1.3</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 <i>(A normal examination today does not mean that HCM will not develop in the future.)</i>		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 type="checkbox"/> 1 year <input type="checkbox"/> 2 years			
Comments:			
Veterinarian's signature <u>9/1/2015</u>	Area of specialty: Libeň 200	Date: 9/1/2015	



VETERINARY HOME

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FOMCC/10.2002