

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Ivana Roznerová		City/State: Lovosice, CZ	Phone number:
Cat's registered name: Zanadu Halley's Comet		Breed: Birma	Date of birth: 13/06/2010
		<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Intact
		<input type="checkbox"/> Female	<input type="checkbox"/> Altered
Cat's registration number/registry: 2154-1718985 /	Sire's registration number/registry: 2184-1655859 /	Dam's registration number/registry: 2155-1610104 /	
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: 28/08/2011	Equipment make/model: MindrayM5 Vet
Address: Libeň 200, 252 41 Libeň		Phone number: +420 721 030 843

PHYSICAL EXAMINATION	
Microchip ID: 982009106002871	Auscultation:
Weight: 3.60 <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>0.46</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size:
LVIDd <u>1.36</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal
LVFWd <u>0.44</u> <input checked="" type="checkbox"/> M-mode <input 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>0.62</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>43%</u>	If yes, LV outflow tract flow velocity (Doppler):
Ao <u>0.95</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>1.34</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles:
LA/Ao <u>1.4</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 checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years	Comments:

Veterinarian's signature	Area of specialty: Libeň 200	Date: 28/08/2011
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