

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Ivana Roznerová	City/State: Bílinka	Phone number:	
Cat's registered name: Ramemaid Laty Mery	Breed: Birma	Date of birth: 10/2/2013	<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: 2154-1718985..... /	Dam's registration number/registry: CSCH LO 12/9/SBI..... /	
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: 900008800407148 Weight: 2.90 <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: 200 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe:	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur. Characteristics: 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 0.41/0.32 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd 1.57... <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 0.34/0.31 <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs 0.59 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 0.83 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 0.52 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 45% Ao 0.91 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 1.17 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.3...	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): 62cm/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 checked="" type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years Comments:			
Veterinarian's signature 9/1/2015	Area of specialty: Libeň 200	Date: 9/1/2015	

