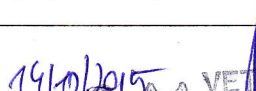


Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Ivana Roznerová	City/State: Bilinka	Phone number:	
Cat's registered name: Satine van de Meybas	Breed: Birma	Date of birth: 6/3/2007	<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 11/9/SBI /	Sire's registration number/registry: GB197/3D065 /	Dam's registration number/registry: CS601635 /	
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: 14/11/2015	Equipment make/model: MindrayM5 Vet	
Address: Libeň 200, 252 41 Libeň		Phone number: +420 721 030 843	
PHYSICAL EXAMINATION			
Microchip ID: 52821000948788	Auscultation:		
Weight: 3.70 <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: 180 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>9.43/9.44</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>1.26</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement		
LVPWd <u>9.4/9.6</u> <input checked="" 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		
IVSs <u>0.85</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler): 60cm/s		
LVIDs <u>0.65</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
LVPWs <u>0.72</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles:		
SF <u>48%</u>	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
Ao <u>0.86</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA <u>1.78</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA/Ao <u>1.26</u>			
Comments: v.trichusp.-mierne zbytneni cip v.tricusp., Jet 8cm/s, klinicky nevyznamny			
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 , v.pulmon. - normal, v.mitrale - normal.		
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: Ren sin 3,54x2,28, Ren dx 3,55x2,08			
Veterinarian's signature 	Area of specialty: Libeň 200	Date: 14/11/2015	

