

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Kanera Michal	City/State: Roztoky	Phone number:	
Cat's registered name: Rozárka z Tichého údolí, CZ	Breed: SIB	Date of birth: 28/10/2008	<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 4/9/SIB /	Sire's registration number/registry: CSCH LO 36/4/SIB /	Dam's registration number/registry: CSCH LO 52/3/SIB /	
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: 31/5/2013	Equipment make/model: MindrayM5 Vet	
Address: Libeň 200, 252 41 Libeň		Phone number: +420 721 030 843	
PHYSICAL EXAMINATION			
Microchip ID: 978000001200157	Auscultation:		
Weight: 5.30 <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: 200 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 0.43/0.45 <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 1.4 <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		
LVFWd 0.5/0.46 <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 0.75 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler): 50cm/s		
LVIDs 0.65 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
LVFWs 0.75 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles:		
SF 53% <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
Ao 1.17 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA 1.36 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA/Ao 1.23 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
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 type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years			
Comments:			
Veterinarian's signature <i>31/5/2013</i>	Area of specialty: Libeň 200	Date: 31/5/2013	

FOMCC/10.2002

VETERINARY HOME



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