

Hypertrophic Cardiomyopathy Screening Examination Findings

| PATIENT INFORMATION | | | |
|---|--|--|--|
| Owner/agent name <i>OPLETA LOVA JUTAVY</i> | City/State <i>CT</i> | Phone number | |
| Cat's registered name <i>P27W4 HOMEBOULE</i> | Breed <i>BCS</i> | Date of birth <i>6/20/2006</i> | <input type="checkbox"/> Male <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered |
| Cat's registration number/registry <i>(C) CICH RX 11/6/04</i> | Sire's registration number/registry | Dam's registration number/registry | |
| 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: <i>Opalalo</i> | | Date: <i>02.12.2008</i> | |
| VETERINARIAN INFORMATION | | | |
| Name 4256 MVDR. SCHEER PETER, Ph. D. | Date of examination <i>02.12.2008</i> | Equipment make/model <i>JOHNSON TITAN</i> | |
| Address 66465, Malešovice 67 | | Phone number | |
| PHYSICAL EXAMINATION | | | |
| <input checked="" type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number: <i>958 000000 629273</i> | Auscultation: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur. Characteristics: Grade: I <input type="checkbox"/> II <input checked="" type="checkbox"/> III IV V VI <input checked="" type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input checked="" type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left base <input type="checkbox"/> Other; describe: | | |
| Weight: <i>4.10</i> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg | Heart rate: <i>180</i> bpm | | |
| <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating | <input type="checkbox"/> Other; describe: | | |
| Comments: | | | |
| ECHOCARDIOGRAM | | | |
| IVSd <i>0.47/0.67</i> <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: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement | | |
| LVIDd <i>1.10</i> <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 | | |
| LVFWd <i>0.58/0.76</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D | If yes, LV outflow tract flow velocity (Doppler): _____ | | |
| IVSs <i>0.72</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D | End-systolic cavity obliteration: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| LVIDs <i>0.72</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | Papillary muscles: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement | | |
| LVFWs <i>0.83</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | Comments: | | |
| SF <i>57.7</i> | | | |
| Ao <i>0.7</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | | |
| LA <i>1.19/1.04</i> <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D | | | |
| LA/Ao <i>1.7</i> | | | |
| Comments: | | | |
| ASSESSMENT/DIAGNOSIS | | | |
| <input 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 | | | |
| <input checked="" type="checkbox"/> HCM: <input type="checkbox"/> Mild <input checked="" 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 checked="" type="checkbox"/> 2 years | | | |
| Comments: | | | |
| Veterinarian's signature | Area of specialty | Date <i>02.12.2008</i> | |