

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name Zuzana Opletalová	City/State Luká	Phone number +420 724900658	
Cat's registered name Eva vom Fichtenthal*D	Breed BSH	Date of birth 30.11.2008	<input type="checkbox"/> Male <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry BCC-R-2009/1585/BRI	Sire's registration number/registry (D)DEKZV RX 279998	Dam's registration number/registry (D)DEKZV LO 310455	
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>[Signature]</i>		Date: 28.3.2010	
VETERINARIAN INFORMATION			
Name MVDr. Peter Scheer, Ph.D.	Date of examination 28/11/2010	Equipment make/model SONO 578 D Dan TM	
Address Malešovice 67, Malešovice 664 65		Phone number	
PHYSICAL EXAMINATION			
<input type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number: 943 000 000 626576	Auscultation:		
Weight: 4.2 <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: 160 bpm	Grade: I II III IV V 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 0.29/0.34 <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 1.15 <input 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 0.49/0.38 <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		
IVSs 0.64 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler): _____		
LVIDs 0.84 <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 0.66 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles:		
SF 44	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
Ao 0.88 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA 1.25 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA/Ao 1.44			
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:	
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>[Signature]</i>		Area of specialty	Date 28/11/2010

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MVDR. SCHEER PETER, PH. D.
 66465, Malešovice 67

