

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name Zuzana Opletalová	City/State Luká	Phone number +420 724900658	
Cat's registered name Starlette Magique Joufflu*NL	Breed BSH	Date of birth 13.08.2008	<input type="checkbox"/> Male <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry BCC-R-2009/1586/BRI	Sire's registration number/registry UN.LO5.BRI.0433	Dam's registration number/registry NCT 2007-7200	
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: Opletalová		Date: 28.3.2010	
VETERINARIAN INFORMATION			
Name MVDr. Peter Scheer, Ph.D.	Date of examination 28/3/2010	Equipment make/model SONO 510 DPM TM	
Address Malešovice 67, Malešovice 664 65		Phone number	
PHYSICAL EXAMINATION			
<input checked="" type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number: 528 246 000 238 528		Auscultation:	
Weight: 2.6 <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: 150 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe:		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur. Characteristics: Grade: I II III IV V 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 0.37 / 0.419 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd 0.92 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 0.36 / 0.43 <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs 0.63 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 0.88 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 0.37 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 33.3 Ao 0.99 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA 1.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao 1.27	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): _____ 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:	
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 MVDR. SCHEER PETER, Ph. D. 66465, Malešovice 67		Area of specialty	Date 28/3/2010

