

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name Zuzana Opletalová	City/State Luká	Phone number +420 724900658	
Cat's registered name Indhira v. Peo-Cat's	Breed BSH	Date of birth 22.1.2007	<input type="checkbox"/> Male <input type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry BCC-R-2009/1587/BRI	Sire's registration number/registry 92005009	Dam's registration number/registry 968 00 00034 2999	
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: <u><i>[Signature]</i></u>		Date: <u><i>28.3.2010</i></u>	
VETERINARIAN INFORMATION			
Name MVDr. Peter Scheer, Ph.D.	Date of examination 28/III/2010	Equipment make/model fo No 57E T7M20 HY	
Address Malešovice 67, Malešovice 664 65		Phone number	
PHYSICAL EXAMINATION			
<input type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number: <u><i>040098700253522</i></u> Weight: <u><i>4.2</i></u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: <u><i>180</i></u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other; describe:		Auscultation: <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 <u><i>0.26 / 0.38</i></u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u><i>1.45</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u><i>0.44 / 0.36</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u><i>0.73</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u><i>0.86</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u><i>0.64</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u><i>40.7</i></u> Ao <u><i>0.98</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u><i>1.17</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u><i>1.13</i></u>	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 <i>[Signature]</i> <small>4256 MVDr. SCHEER PETER, Ph. D. 66465, Malešovice 67</small>		Area of specialty	Date

