

PATIENT INFORMATION

Owner/agent name <i>KASIKOVA KLARA</i>	City/State <i>TRINEC, CZECH REP.</i>	Phone number
Cat's registered name <i>LAGUNA SYBERIANA BRILIAH</i>	Breed <i>SIBERIAN</i>	Date of birth <i>08/07/2008</i>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Intact <input type="checkbox"/> Altered	
Cat's registration number/registry	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: _____ Date: *18. 8. 2009*

VETERINARIAN INFORMATION

Name AB vet <small>Veterinární Klinika MUDr. Martin Novák</small>	Date of examination <i>18. 8. 2009</i>	Equipment make/model
Address <small>Bohumín 735 81, Nerudova 1040 tel.: 596 012 146, pohotovost tel.: 604 957 560 www.abvet.cz</small>	Phone number	

PHYSICAL EXAMINATION

<input checked="" type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number: <i>9811 00000 793 933</i>	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:
Weight: _____ <input type="checkbox"/> lb <input type="checkbox"/> kg Heart rate: _____ bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe:	
Comments:	

ECHOCARDIOGRAM

IVSd <i>0,55</i> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	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 type="checkbox"/> No Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
LVIDd <i>1,16</i>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWd <i>0,59</i>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
IVSs <i>0,65</i>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <i>0,62</i>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWs <i>0,21</i>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <i>46</i>		
Ao _____	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA <i>0,84</i>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LAAo _____		
Comments:		

ASSESSMENT/DIAGNOSIS

<input checked="" 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 type="checkbox"/> HCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	

RECOMMENDATIONS

Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years	Date <i>18. 8. 2009</i>
Comments:	
Veterinarian's signature AB vet <small>Veterinární Klinika MUDr. Martin Novák</small>	Area of specialty