


Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION					
Owner/agent name <u>Blou Korlon</u>	City/State <u>TRINEC</u>	Phone number			
Cat's registered name <u>INEZ 2 ZIMNES KRAJNY</u>	Breed <u>SIBITLO</u>	Date of birth <u>05/10/07</u>	<input type="checkbox"/> Male	<input type="checkbox"/> Intact	
<input checked="" type="checkbox"/> Female		<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: _____			
VETERINARIAN INFORMATION					
Name AB vet <small>Veterinární Klinika MUDr. Martin Novák</small>	Date of examination	Equipment make/model			
Address <small>Bohumín 735 81, Nerudova 1040 tel.: 596 012 146, pohotovost tel.: 804 987 560 www.abvet.cz</small>		Phone number			
PHYSICAL EXAMINATION					
<input checked="" type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number: <u>985161000293110</u>	Auscultation:				
Weight: <u>9.9</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg	<input checked="" type="checkbox"/> Normal				
Heart rate: _____ bpm	<input type="checkbox"/> Gallop				
<input type="checkbox"/> Dehydrated	<input type="checkbox"/> Murmur. Characteristics:				
<input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static				
<input type="checkbox"/> Lactating	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous				
Other, describe:	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left base				
<input type="checkbox"/> Other, describe:					
Comments:					
ECHOCARDIOGRAM					
IVSd <u>0.98</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.19</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.41</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.45</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.85</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.41</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF _____ Ao <u>0.62</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>1.01</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao _____	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 checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years					
Comments:					
Veterinarian's signature 	Area of specialty	Date <u>23.9.2007</u>			