

## Hypertrophic Cardiomyopathy Screening Examination Findings

| PATIENT INFORMATION   |  |                                    |  |
|---|--|------------------------------------|--|
| Owner/agent name<br><i>Klára Korisková</i>  | City/State<br><i>TRINEC</i>  | Phone number                       |  |
| Cat's registered name<br><i>NOUGETTE PERIDOT</i>  | Breed<br><i>SIBIRIAN</i>   | Date of birth<br><i>10/2/2007</i>  | <input type="checkbox"/> Male <input type="checkbox"/> Intact<br><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<br><b>AB vet</b><br><small>Veterinární Klinika<br/>MUDr. Martin Novák<br/>Bohumín 735 81, Narudova 1040<br/>tel.: 596 012 148, pohotovost tel.: 604 967 580<br/>www.abvet.cz</small>                     | Date of examination  | Equipment make/model               |  |
| Address   |  |                                    | Phone number   |
| PHYSICAL EXAMINATION  |  |                                    |  |
| <input checked="" type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number:<br><i>203098100226955</i>   | Auscultation:  |                                    |  |
| Weight: <i>3.0</i> <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"/> Pregnant <input type="checkbox"/> Lactating  | <input type="checkbox"/> Murmur. Characteristics:  |                                    |  |
| <input type="checkbox"/> Other, describe:   | 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 <i>0.6</i> <input type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D  | Subjective left atrial size:   |                                    |  |
| LVIDd <i>0.56</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D  | <input type="checkbox"/> Normal  |                                    |  |
| LVFWd <i>0.65</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D  | <input type="checkbox"/> Mild enlargement  |                                    |  |
| IVSs <i>0.88</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D   | <input checked="" type="checkbox"/> Moderate enlargement   |                                    |  |
| LVIDs _____ <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D  | <input type="checkbox"/> Severe enlargement  |                                    |  |
| LVFWs <i>0.82</i> <input 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                              |                                    |  |
| SF _____  | If yes, LV outflow tract flow velocity (Doppler): _____  |                                    |  |
| Ao <i>0.84</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D   | End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                    |  |
| LA <i>1.34</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D   | Papillary muscles:   |                                    |  |
| LA/Ao _____   | <input checked="" type="checkbox"/> Normal   |                                    |  |
|   | <input type="checkbox"/> Abnormal, moderate enlargement  |                                    |  |
|   | <input type="checkbox"/> Abnormal, severe enlargement  |                                    |  |
| Comments:   |  |                                    |  |
| ASSESSMENT/DIAGNOSIS  |  |                                    |  |
| <input type="checkbox"/> Normal <i>(A normal examination today does not mean that HCM will not develop in the future.)</i>  |  | Comments: <i>HCN</i>               |  |
| <input type="checkbox"/> Equivocal  |  | <i>(Restrict cardiomyopathy)</i>   |  |
| <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  |  |                                    |  |
| Comments:   |  |                                    |  |
| Veterinarian's signature<br><b>AB vet</b><br><small>Veterinární Klinika<br/>MUDr. Martin Novák<br/>Bohumín 735 81, Narudova 1040<br/>tel.: 596 012 148, pohotovost tel.: 604 967 580<br/>www.abvet.cz</small> | Area of speciality   | Date<br><i>21.9.09</i>             |  |