

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name: Vondráková Pavla	City/State: Ústí Nad Labem	Phone number:	
Cat's registered name: Aisha Jopa Sphynx, CZ	Breed: Sphynx	Date of birth: 10/05/2011	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry: BOEC 244/2011/SPH /	Sire's registration number/registry: BOEC 660/2008/SPH /	Dam's registration number/registry: BOEC 252/2010/SPH /	

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: MVDr. Ľuboš HRIB	Date of examination: 9/1/2015	Equipment make/model: MindrayM5 Vet
Address: Libeň 200, 252 41 Libeň		Phone number: +420 721 030 843

PHYSICAL EXAMINATION	
Microchip ID: No microchip Weight: 3.80 <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: 240 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/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>0.97/0.98</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>1.44</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.97/0.41</u> <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>0.22</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.95</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.75</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>48%</u> Ao <u>1.18</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>1.38</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.16</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): 60cm/s 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: HCM -Negative

RECOMMENDATIONS	
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input checked="" type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years Comments:	

Veterinarian's signature <u>9/1/2015</u>	Area of specialty: Libeň 200	Date: 9/1/2015
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