

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION

Owner/agent name: Vlasaková Irita	City/State: Praha 4	Phone number:
Cat's registered name: Antonio Bright Friend, CZ	Breed: BRI b 03 24	Date of birth: 24/08/2016
	<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Intact
	<input type="checkbox"/> Female	<input type="checkbox"/> Altered
Cat's registration number/registry: CSCH LO 759/16/BSH /	Sire's registration number/registry: CSCH LO 1125/13/BRI /	Dam's registration number/registry: CSCH LO 630/14/BRI /

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: 27/3/2018	Equipment make/model: MindrayM5 Vet
Address: Libeň 200, 252 41 Libeň		Phone number: +420 721 030 843

PHYSICAL EXAMINATION

Microchip ID: 972270000391501 Weight: 4.10 <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:
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Comments: Nepravidelna kynetika IVS

ECHOCARDIOGRAM

IVSd <u>9.80/10.55-0.15</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>1.26</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.88/0.48-0.10</u> <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>0.79</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.57</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.86</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>57%</u> Ao <u>1.02</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>1.42</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.40</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): 55cm/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
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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
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RECOMMENDATIONS

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

Veterinarian's signature 27/3/2018	Area of specialty: Libeň 200	Date: 27/03/2018
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