



Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <u>Sarah Runzis</u>	City/State <u>Ornex</u>	Phone number <u>+41 79 206 75 94</u>	
Cat's registered name <u>DK Rebi Cats Beat It</u>	Breed <u>NFO</u>	Date of birth <u>30-05-13</u>	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <u>FFH 1082986/FD 214768</u>	Sire's registration number/registry <u>DK 179988</u>	Dam's registration number/registry <u>DK 204845</u>	
I certify that I am the owner or agent for this cat, and that the cat presented for examination is the cat described above.			
Owner/agent: <u></u>		Date <u>28-08-15</u>	
VETERINARIAN INFORMATION			
Name: <u>Chris Amberger</u>		Date of examination	Equipment make <u>MEGAS 7000CFM</u>
Address <u>96, rue de la Servette CH 1202 Geneva Switzerland</u>		Phone number <u>+41 22 734 42 48</u>	
PHYSICAL EXAMINATION			
Weight: <u>5.8</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: <u>162</u> 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 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 <u>3.6</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>5.1</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.3</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>11.8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>8.2</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>45%</u> Ao <u>13.8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>13.8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.0</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): _____ 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"/> Findings suspicious of mild or early HCM <input type="checkbox"/> HCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	Comments: <u>LA : AO 2D 0.98</u>		
RECOMMENDATIONS			
Recheck examination: <input type="checkbox"/> None <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input checked="" type="checkbox"/> 2 years Comments:			
Veterinarian's signature <u></u> <small>Dr. Christian Amberger - DEC-VIM-CA (Cardiologie), MEd-Vet-UIS 1202 Genève - www.vet.ch</small>	Area of specialty DEC-VIM-CA (Cardiology)	Date <u>Aug 28 2015</u>	

CABINET VETERINAIRE & CENTRE D'IMAGERIE

