



250268710262938

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <u>RUNZIS Sarah</u>	City/State <u>Ormeux</u>	Phone number <u>+41 79 206 75 94</u>	
Cat's registered name <u>V' Haribo au Staro Bae</u>	Breed <u>NFO</u>	Date of birth <u>23.7.12</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 LO 78837</u>	Sire's registration number/registry <u>FFH LO 75467</u>	Dam's registration number/registry <u>FFH LO 74414</u>	
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: <u>[Signature]</u>		Date: <u>27 Feb 15</u>	
VETERINARIAN INFORMATION			
Name: Chris Amberger		Date of examination	Equipment make MEGAS 7000CFM
Address 96, rue de la Servette CH 1202 Geneva Switzerland		Phone number +41 22 734 42 48	
PHYSICAL EXAMINATION			
Weight: <u>60</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg		Auscultation:	
Heart rate: <u>160</u> bpm		<input checked="" type="checkbox"/> Normal	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating		<input type="checkbox"/> Gallop	
<input type="checkbox"/> Other; describe:		<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>4.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size:	
LVIDd <u>18.3</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LFWd <u>5.2</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
IVSs <u>6.0</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
LVIDs <u>10.2</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LFWs <u>7.8</u>	<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 <u>44.7</u>		If yes, LV outflow tract flow velocity (Doppler): _____	
Ao <u>12.0</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LA <u>11.5</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles:	
LA/Ao <u>0.99</u>		<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.)		Comments:	
<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			
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>[Signature]</u> <small>Christophe Amberger - DECVIM-CA (Cardiology)</small>		Area of specialty DECVIM-CA (Cardiology)	Date 27 FEB. 2015

CABINET VETERINAIRE & CENTRE D'IMAGERIE