


Hypertrophic Cardiomyopathy Screening Examination Findings

| PATIENT INFORMATION | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Owner/agent name <i>Sarah RUNZIS</i> | | City/State <i>F-01210 Onex</i> | | Phone number <i>+41792067594</i> |
| Cat's registered name <i>Touma au Skara Brae</i> | | Breed <i>NFO</i> | Date of birth <i>17.04.10</i> | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Intact <input type="checkbox"/> Altered |
| Cat's registration number/registry <i>FFH 74414</i> | | Sire's registration number/registry <i>LOOF 2007-6786</i> | | Dam's registration number/registry <i>FFH 59486</i> |
| 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: <i>19/7/13</i> |


| 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 | |
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| Weight: <i>5.5</i> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: <i>165</i> 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 | |
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| IVSd <i>3.2</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>18.8</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>3.8</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>4.7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>12.1</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>5.4</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>35.1</i> Ao <i>9.6</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <i>10.6</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <i>1.1</i> | 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: <i>LA: Ao 2D</i> <i>LA: 1.1</i> |

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

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| Veterinarian's signature  | Area of specialty DECVM-CA (Cardiology) | Date <i>July 19/2013</i> |
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Médecin-vétérinaire
 Rue de la Servette 96
 1202 GENEVE
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CABINET VÉTÉRINAIRE & CENTRE D'IMAGERIE

