

Hypertrophic Cardiomyopathy Screening Examination Findings

| PATIENT INFORMATION | | | |
|--|---|---|---|
| Owner/agent name <u>RUNZIS Sarah</u> | City/State <u>01210 Ornex</u> | Phone number <u>+41 79 206 7594</u> | |
| Cat's registered name <u>Sterre Ratten's Zeus</u> | Breed <u>NFO</u> | Date of birth <u>10.03.0</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 75467</u> | Sire's registration number/registry <u>FPL 20769</u> | Dam's registration number/registry <u>ASFE 44783</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: | | | Date: <u>2 May 2013</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>8.5</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg Heart rate: <u>165</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>4.3</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D | Subjective left atrial size: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement | | |
| LVIDd <u>16.0</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 | | |
| LVFWd <u>4.3</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D | If yes, LV outflow tract flow velocity (Doppler): _____ | | |
| IVSs <u>6.4</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D | End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| LVIDs <u>8.6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D | Papillary muscles: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement | | |
| LVFWs <u>10.2</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D | Comments: | | |
| SF <u>46%</u> | | | |
| Ao <u>11.0</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | | |
| LA <u>14.3</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | | |
| LA/Ao <u>1.30</u> | | | |
| 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 checked="" type="checkbox"/> 1 year <input type="checkbox"/> 2 years | | | |
| Comments: | | | |
| Veterinarian's signature <u>Dr. C. Amberger & L. Philip</u> | | Area of specialty DECVM-CA (Cardiology) | Date <u>MAY 21 2013</u> |
| <small>Cabinet vétérinaire Rue de la Servette 96 1202 Genève (4) 022 734 42 48</small> | | | |

CABINET VÉTÉRINAIRE & CENTRE D'IMAGERIE

