



250288710359727

Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <u>RUNZIS Sarah</u>	City/State <u>Ornex</u>	Phone number <u>+41 79 206 75 94</u>	
Cat's registered name <u>ZORA du SPARA BIAE</u>	Breed <u>NFO</u>	Date of birth <u>10 Nov '13</u>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <u>FFH LO 80495</u>	Sire's registration number/registry <u>FFH LO 79090</u>	Dam's registration number/registry <u>FFH LO 73787</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>27 Feb 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</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>3.5</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" 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>15.8</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		
LVPWd <u>3.9</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler): _____		
IVSs <u>6.5</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>9.0</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		
LVPWs <u>6.9</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
SF <u>52</u>			
Ao <u>3.5</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA <u>12.5</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA/Ao <u>1.27</u>			
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:	
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 		Area of specialty <u>DECVIM-CA (Cardiology)</u>	Date <u>27 FEB. 2015</u>

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CABINET VETERINAIRE & CENTRE D'IMAGERIE

