


Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name <u>Sarah Runzis</u>	City/State <u>01210 Ormex</u>	Phone number <u>+4179 208 75 94</u>	
Cat's registered name <u>SterreKatten's Zeus</u>	Breed <u>NFO</u>	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry <u>FPH 1075487</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: <u>S. Runzis</u>		Date: <u>24.02.11</u>	
VETERINARIAN INFORMATION			
Name: Chris Amberger	Date of examination	Equipment make MEGAS 7000CFM	
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>5.6</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>4.8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size:	
LVIDd <u>21.0</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LVFWd <u>5.2</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
IVSs <u>5.2</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
LVIDs <u>12.2</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LVFWs <u>8.6</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>12.1</u>		If yes, LV outflow tract flow velocity (Doppler): _____	
Ao <u>11.7</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>15.2</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles:	
LA/Ao <u>1.36</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 <i>(A normal examination today does not mean that HCM will not develop in the future.)</i>		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  <small>Dr Christophe Amberger, DVM (Cardio), MEdVetS 1202 Geneva - www.dmvavel.ch</small>	Area of specialty DECVIM-CA (Cardiology)	Date <u>FEB. 24 / 2011</u>	

CABINET VETERINAIRE & CENTRE D'IMAGERIE

