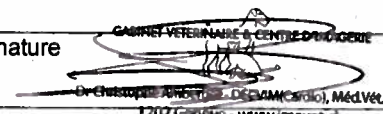


## Hypertrophic Cardiomyopathy Screening Examination Findings

| PATIENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Owner/agent name<br><u>Sarah Runzis</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | City/State<br><u>01210 Ornex</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  | Phone number<br><u>+41 79 206 7594</u>                                                                                                                  |  |
| Cat's registered name<br><u>S* Nighty Claws Zolena</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Breed<br><u>Norwegian</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date of birth<br><u>15.07.02</u> | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Intact<br><input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered |  |
| Cat's registration number/registry<br><u>FFH LO 59486</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Sire's registration number/registry<br><u>SV 168029</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  | Dam's registration number/registry<br><u>SV 159468</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>Sarah Runzis</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  | Date: <u>24.02.11</u>                                                                                                                                   |  |
| VETERINARIAN INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                         |  |
| Name: <b>Chris Amberger</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 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>6.3</u> <input type="checkbox"/> lb <input checked="" type="checkbox"/> kg<br>Heart rate: <u>188</u> bpm<br><input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating<br><input type="checkbox"/> Other; describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Auscultation:<br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Gallop<br><input type="checkbox"/> Murmur. Characteristics:<br>Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static<br>Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous<br>Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left base<br><input type="checkbox"/> Other; describe:                                                                                                                                                              |                                  |                                                                                                                                                         |  |
| Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                         |  |
| ECHOCARDIOGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                         |  |
| IVSd <u>3.2</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LVIDd <u>2.2</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LVFWd <u>4.0</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>IVSs <u>2.8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LVIDs <u>8.6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LVFWs <u>8.0</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>SF <u>54%</u><br>Ao <u>10.8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LA <u>12.5</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LA/Ao <u>1.16</u> |  | Subjective left atrial size:<br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Mild enlargement<br><input type="checkbox"/> Moderate enlargement<br><input type="checkbox"/> Severe enlargement<br>Systolic anterior motion of the mitral valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, LV outflow tract flow velocity (Doppler): _____<br>End-systolic cavity obliteration: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Papillary muscles:<br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal, moderate enlargement<br><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.)<br><input type="checkbox"/> Equivocal<br><input type="checkbox"/> Findings suspicious of mild or early HCM<br><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<br>Comments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                                                                                                                                         |  |
| Veterinarian's signature<br><br><small>Dr. Christophe Amberger - DECVM (Cardio), MedVetSVS<br/>1202 Geneva - www.imavet.ch</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Area of specialty<br>DECVM-CA (Cardiology)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  | Date<br><u>FEB. 24/2011</u>                                                                                                                             |  |

Dr Christophe Amberger,  
☎ 022 734.42.48

médecin-vétérinaire  
☎ 022 733 97 06

96, rue de la Servette 1202 Genève  
[chamb@bluewin.ch](mailto:chamb@bluewin.ch) 24.02.2011

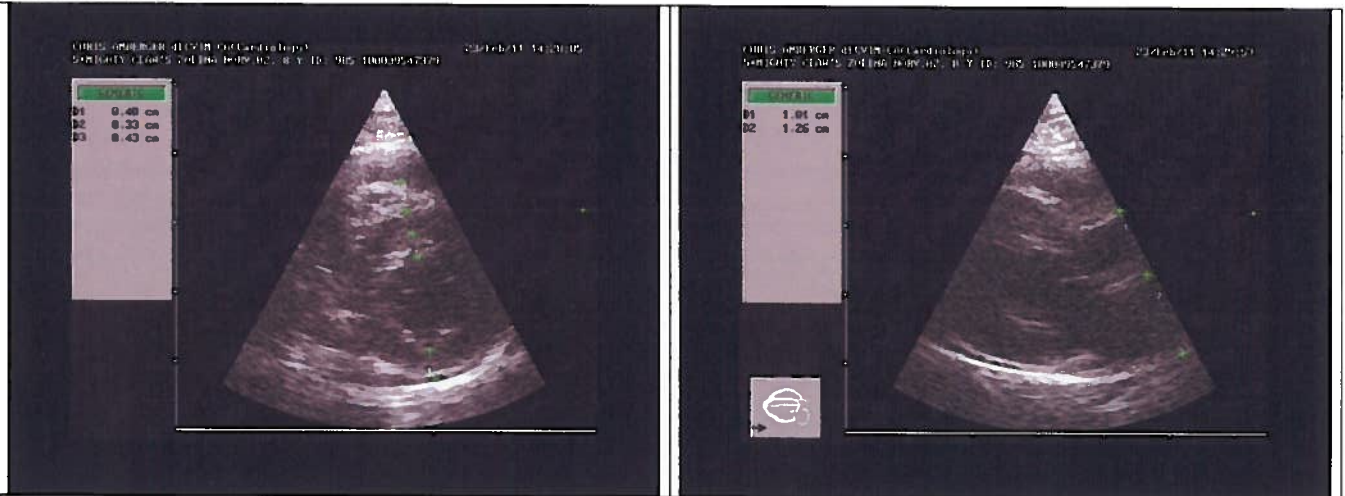
**Patient:**

Propriétaire : Sarah Runzis  
Adresse : 01210 Ornex  
Téléphone : 079 205 75 94

Animal : « ZOLENA »  
Race : Norvégien  
Date de naissance : 15.07.2002

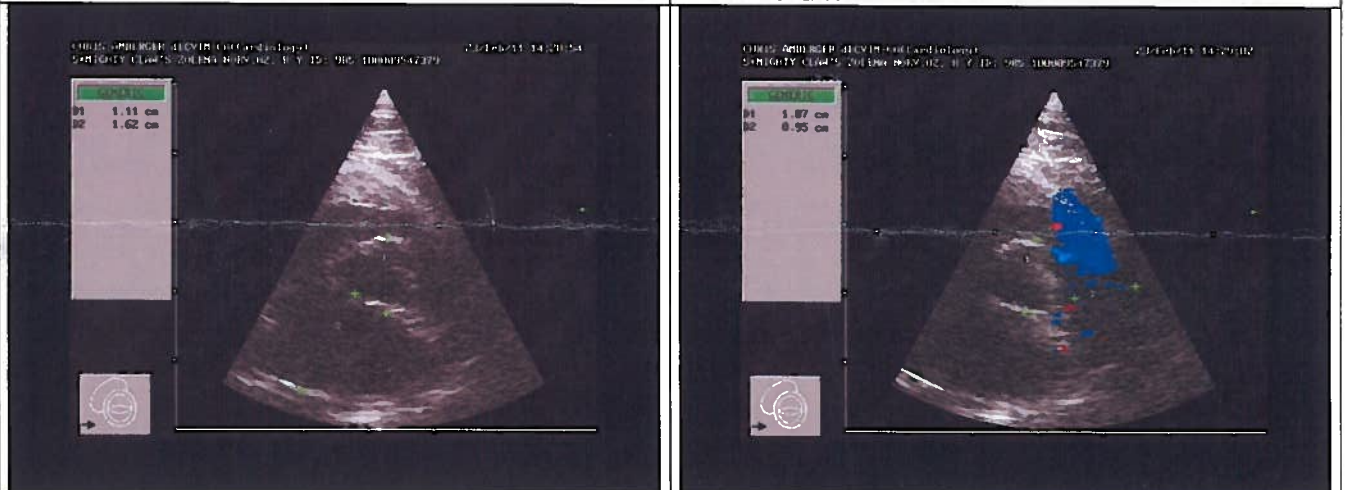
Date de l'examen : 24.02.11  
Première visite : Non  
Contrôle après : 4 ans

**Anamnèse: Dépistage CMH**  
**Mesures 2D/TM**



LV : RPS SAV

LV : RPS LAV



LA/Ao : RPS SAV

Ao/Ap : RPS SAV

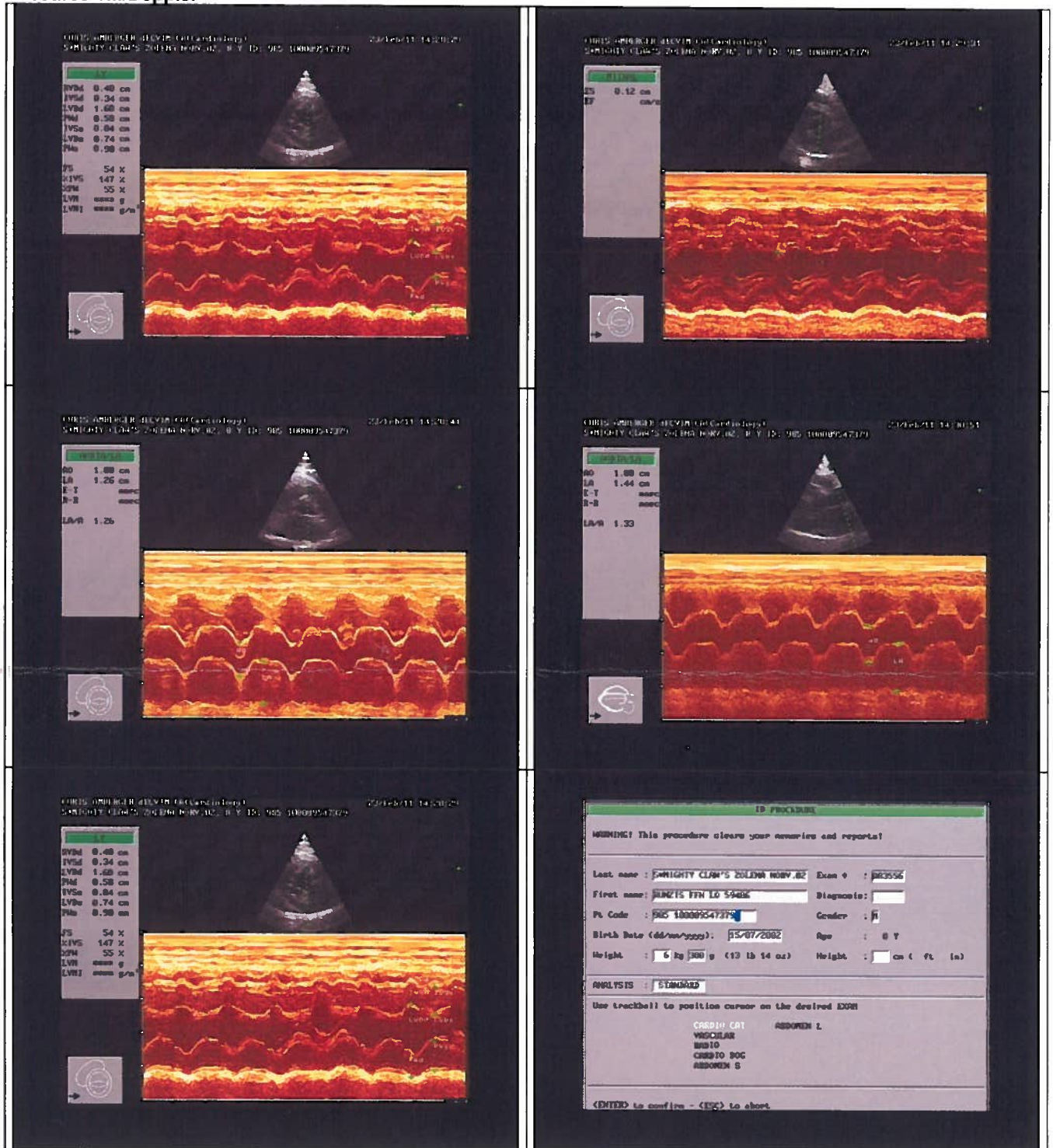
**Rapport :**

|                           |            |                           |             |      |
|---------------------------|------------|---------------------------|-------------|------|
| Poids [kg]                | 6.3        | Surface [m <sup>2</sup> ] | 0.35        | 21.2 |
| ESVI [ml/m <sup>2</sup> ] | 6          | CO [l/min]                | LVIDd/Ao    | 1.96 |
| LVIDs [mm]                | 9.8        | Ct                        | LA/Ao       | 1.16 |
| Aorta [mm]                | 10.8       | 11                        | LA [mm]     | 12.5 |
| STI:                      | PEP [msec] |                           | LVET [msec] |      |
| LA/AO 2D                  | LA [mm]    | 14                        | AO [mm]     | 11   |
| LA/AO                     | 1.29       | Ap/Ao                     | 0.86        |      |
| PEP/LVET                  | #VALEUR!   | 54%                       | Apulm [mm]  | 9.5  |

LWWDd et IVSDd < 4.5 mm  
Cœur de taille normale

|                                                         |         |                    |         |
|---------------------------------------------------------|---------|--------------------|---------|
| Center: CHRIS AMBERGER (VetCardiologie)                 |         | 24/02/11 14:28     |         |
| PATIENT: CLAW'S ZOLENA NORV. 02 RUNZIS FFN LO 5946, 0 Y |         | Gender: M          |         |
| ID: 905 10089547379                                     |         | Height: 6.388 kg   |         |
| B-mode                                                  |         | Diag: BCR: 0.88 a° |         |
| N-RODE                                                  |         |                    |         |
| LV                                                      |         | RUST/SA            |         |
| RV diameter (dia)                                       | 0.36 cm | RV diameter        | 1.88 cm |
| RV septum (dia)                                         | 0.32 cm | Left atrium        | 1.26 cm |
| LV diameter (dia)                                       | 2.12 cm | Ejection time      | / msec  |
| LV post. wall (dia)                                     | 0.48 cm | R-R interval       | / msec  |
| RV septum (dia)                                         | 0.48 cm | Left atrium/90 dia | 1.25    |
| LV diameter (dia)                                       | 0.70 cm |                    |         |
| LV post. wall (dia)                                     | 0.86 cm |                    |         |
| Preval. shortening                                      | 54 %    |                    |         |
| Septum thickening                                       | 50 %    |                    |         |
| RV thickening                                           | 115 %   |                    |         |
| LV mean                                                 | 0 g/s   |                    |         |
| LV mass index                                           | max g/s |                    |         |
|                                                         |         | RITUAL             |         |
|                                                         |         | E-septum           | 0.12 cm |
|                                                         |         | E7 slope           | / cm/s  |

# Mesures TM/Doppler



## Rapport :

Cœur de taille normale