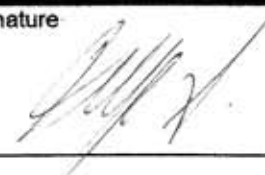


## Hypertrophic Cardiomyopathy Screening Examination Findings

PATIENT INFORMATION			
Owner/agent name:		Address:	
E-mail:		Phone number:	
Cat's registered name: <i>GOLDEN KVORLAS GILION</i>	Breed: <i>BRITISH</i>	Date of birth: <i>15. 8. 2016</i>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Intact <input type="checkbox"/> Female <input type="checkbox"/> Altered
Cat's registration number/registry:	Cat's ID number microchip or tattoo: <i>643 0941 00395889</i>		
Sire's name/EMS code:		Dam's name/EMS code:	
Sire's registration number/registry:		Dam's registration number/registry:	
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:	
VETERINARIAN INFORMATION			
Name: <i>VLADIMÍRA TEPLÁ</i>		Date of examination: <i>21.3.2018</i>	Equipment make/model: <i>HY LAB CLASS</i>
Address: <i>VA BRNĚ 566 HRADEC KRÁLOV</i>		Phone number:	
PHYSICAL EXAMINATION			
<input checked="" type="checkbox"/> Microchip or <input type="checkbox"/> tattoo ID number checked.  <input type="checkbox"/> Sedated <input type="checkbox"/> Medication describe  Weight: <input type="checkbox"/> lb <input type="checkbox"/> kg Heart rate:    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:	
ECHOCARDIOGRAM			
IVSd <i>4,1</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <i>14,7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>4,7</i> <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <i>6,8</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>2,0</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>6,8</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>52%</i> Ao <i>8,3</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>10,2</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1,22</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	
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"/> HCM: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> RCM: <input type="checkbox"/> Other describe		Comments:	
RECOMMENDATIONS			
Veterinarian's signature: 		Area of specialty: <i>HK vet</i> <small>Veterinární klinika HK vet s.r.o. Na Brně 566, 500 08 Hradec Králové Tel.: 495 514 512 • IČO: 247 76 441</small>	Date: <i>21.3.2018</i>