



Patient Information		Owner's name
Cat's registered name OSSIRIAN NIABI		TATICKOVA ALENA
Registration number SBT 112113 014		Address
ID number, microchip or tattoo 900 008800808		Post code/City
Breed of cat BENGALSKA		Country CZ
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code)
Born (year-month-day) 2013-11-21		Signature  Date 29.9.2015
Sire SUMMERSIDE SEBASTIAN		
Dam LUNACAT SAFIRA		
Examination		Examination date (year-month-day) 2015-9-29
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Aloka Alpha 10
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Phase array PA 5296 - 10MHz
Weight <u>4,0</u> kg	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	
Heart rate <u>177</u> bpm	<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	
IVSd <u>3,9</u> <input type="checkbox"/> cm <input checked="" 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 Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) <u> </u> 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
LVIDd <u>14,2</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWd <u>4,0</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
IVSs <u>6,2</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <u>7,9</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWS <u>5,8</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>44,5%</u>		
Ao <u>7,8</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <u>8,6</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA/Ao <u>1,10</u>		
Assessment (based on phenotype)		Comments
<input checked="" type="checkbox"/> Normal <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		HCM - negativní
Veterinarian		Veterinarian's name, clinic's name and address
Signature 		5500 MVDr. Michal Fiedler VETERINÁRNÍ KLINIKA SLANÝ, ALŠOVA 2 Tel.: 312522687, 602393839
Date 29. 09. 2015		