



Patient Information		Owner's name
Cat's registered name RUSLANE GOZAIMA		TATICKOVA ALEXA
Registration number SBT 092914 028		Address
ID number, microchip or tattoo 2460934004		Post code/City/State
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) 2014-09-29		Signature  Date 29.9.2015
Sire RUSLANE RASPUTIN		
Dam CALLISTA SUNBEAM		
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>3,1</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	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
Heart rate <u>191</u> bpm	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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	IVSd <u>4,2</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>12,7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3,9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6,4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>5,6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6,9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>55,6%</u> Ao <u>7,0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>7,6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,08</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  Date 29.09.2015		5500 MVDr. Michal Fiedler VETERINÁRNÍ KLINIKA SLANÝ, ALŠOVA 2 Tel.: 312522687, 602393839