

**Certificate of cardiovascular examination**

**Cat**

Breed <b>Siberian</b>	Date of birth 25/09/2017	Color AS 2409
Name <b>Xenia Bozhov's Tale</b>	male <input type="checkbox"/>	female <input checked="" type="checkbox"/>
№ Pedigree		
ID-number/tattoo	ID/tattoo checked	
Owner <b>Kalenova O.</b>		
Address		
Zip code and area		
Signature of the owner		

Previous examination Yes  No

1.  **Ausc.:** Murmur  No  Yes  Sysol .... /6 Diastol. ... /6  
 HR...../min Pulse...../min Other findings .....

2.  **Echocardiography:** Short axis view  Long axis view  HR 180/min  
 IVSd: 4,7 mm IVS: 6,6 mm FS: 48 % LAs: 10,9 mm Aod: 9,2 mm LA/Ao: 1,2  
 LVDd: 15,7 mm LVDs: 8,2 mm LVWd: 4,2 mm LVWs: 6,5 mm  
 RAs: 9,8 mm RVDd: 5,8 mm Pap.Musc **Not Changed**  
 AV: 1,4 m/sek  
 PV: 0,9 m/sek

**Result**

Congenital		Acquired	
Free	AS <input checked="" type="checkbox"/> 0	PS <input checked="" type="checkbox"/> 0	Cardiomyopathies
Susp.	<input type="checkbox"/> 1(2,0-2,25m/s)	<input type="checkbox"/> 1(1,8-2,25m/s)	HCM
Mild	<input type="checkbox"/> 2(2,25-3,5m/s)	<input type="checkbox"/> 2(2,25-3,5m/s)	HCM no signs <input checked="" type="checkbox"/> 0
Mod	<input type="checkbox"/> 3(3,5-4,5m/s)	<input type="checkbox"/> 3(3,5-4,5m/s)	HCM equivocal <input type="checkbox"/> 1
Severe	<input type="checkbox"/> 4(>4,5m/s)	<input type="checkbox"/> 4(>4,5m/s)	HCM occult <input type="checkbox"/> 2
Subvalvular	<input type="checkbox"/>	<input type="checkbox"/>	HCM overt <input type="checkbox"/> 3
Valvular	<input type="checkbox"/>	<input type="checkbox"/>	Valvular disease: none <input checked="" type="checkbox"/> 0
Other findings.....			DVD Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> mild <input type="checkbox"/> 1
			DVD Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> mod.2 <input type="checkbox"/>
			DVD Mitral <input type="checkbox"/> Tricuspid <input type="checkbox"/> severe <input type="checkbox"/> 3
			Other findings.....
<b>Conclusion</b>			
None or minimal cardiovascular changes		<input checked="" type="checkbox"/> 0	
Mild cardiovascular changes		<input type="checkbox"/> 1	
Moderate cardiovascular changes 2		<input type="checkbox"/>	
Severe cardiovascular changes		<input type="checkbox"/> 3	

Date 12.12.2018

Examiner.....

