

e-Vet

Les services e-Vet mobiles

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Owner name: **JUDITH SEVIGNY** Patient name: **GRACIE**
 Address: **2015 CTY RD 18** Breed: **MAINE COON**
 Phone: **613 307 1763** Sex: **FEMALE**
 E-mail: **judithsevigny@hotmail.ca** Birth Date: **02 / 02 / 2016**

Hypertrophic feline cardiomyopathy certification (HCM)

Additional information of the patient	
Registered name :	RAREFIELD GRACELAND
Registered number at AFC/CCA or TIFA :	SBT 020216 083
Identification number :	
<input type="checkbox"/> tattoo <input type="checkbox"/> microchip	
<input checked="" type="checkbox"/> It is impossible to certify the identity of this animal	

Cardiac examination

1. ECG during echocardiography :	
Heart rate : 167 bpm	Rhythm : Regular
2. Echocardiography :	
2D	
LVFW(d) (mm): 5,2	
IVS(d) (mm): 5,3	
LA (mm): 15	
M-mode	
LVID(d) (mm): 5,2 16,2	IVS(d) (mm): 5,2
LVID(s) (mm): 7,6 7,6	LA (mm): 15
LVFW(d) (mm): 5,6	Ao (mm): 11

3. If LVFW(d) and/or IVS(d) > 5.5mm, complete the following section :		
LV outflow tract velocity (m/s) :		
Systolic anterior motion of the mitral valve:	<input type="checkbox"/> present	<input type="checkbox"/> absent
T4 :	nmol/L	<input type="checkbox"/> unrated
Doppler systolic blood pressure :	mmHg	<input type="checkbox"/> unrated