



Centre Hospitalier  
Vétérinaire des Cordeliers  
29 avenue du Maréchal Joffre  
77100 MEAUX  
Tel : 01.64.34.11.55  
Fax : 01.64.33.32.35



Urgences assurées  
24h/24, 7j/7

### Service de Médecine

Médecine préventive  
Médecine interne  
Imagerie

Dr C. BILLE  
Dr J. DUPONT MONOD  
Dr AS. MEUNIER  
Dr E. RATEZ

### Service de Cardiologie

Cardiologie médicale  
et interventionnelle  
Imagerie

Dr E. BOMASSI

### Service d'Ophthalmologie

Ophthalmologie médicale  
et chirurgicale

Dr Ph. DURIEUX

### Service de Chirurgie

Traumatologie  
Chirurgie vidéo assistée  
Neurochirurgie  
Chirurgie thoracique  
et abdominale

Dr S. ETCHEPAREBORDE  
Dr A. GAUTHEROT  
Dr S. LIBERMANN

### Service nouveaux animaux de compagnie

Dr S. ROMAIN

## COMPTE RENDU ECHOCARDIOGRAPHIQUE

Meaux le 01 Mars 2017

Cette échographie est réalisée sur le chat LINETTE Mr PARISSE (5.4 Kg)

VDd	SIVd	VGd	PPVGd	SIVs	VGs	PPVGs	AG	Ao	Vmax Ao	Vmax Pulm	Em	Am
2.5	3.3	16.9	4.7	6.2	12.5	4.7	7.8	8.6	-	-	-	-
Vmax mitr	VVGd	VVGs	TAp	TEp	E'	A'	S rad.	S long.	Et	At	Vmax tric	
-	-	-	-	-	-	-	-	-	-	-	-	

Examen échocardiographique (2D+TM) : normal

**Absence de cardiomyopathie hypertrophique**

Remarque : Faux tendons

Examen échographique abdominal :

**Absence de maladie polykystique rénale**

En vous remerciant de nous avoir confié ce cas, et restant à votre entière disposition pour tout renseignement complémentaire

Bien confraternellement,

Eric BOMASSI  
Dr Vét, CES Hem, Dipl. Univ, DEMV, Dipl. DESV-MI (option Cardiologie)  
Spécialiste en Médecine Interne (Cardiologie)



# Centre Hosp. Vet. des Cordeliers

Dr Eric BOMASSI  
Dr Charlotte MISBACH

ETAT: **OUVERT**

DERNIERE MODIFICATION: 01 MAR 2017 15:06:21

NOM :	PARISSE	PRENOM :	LINETTE
DATE NAISS :	14 NOV 2015	AGE :	15 m
SEXE :	F		
IDENTIFICATION :	250268500979684	DATE EXAMEN :	01 MAR 2017
NUMERO DE DOSSIER :	332079-1	MEDECIN REFERENT :	
MEDECIN OPERATEUR :	DR BOMASSI	DATE DU RAPPORT :	01 MAR 2017

## MODE TM

### MESURES VG

VD DIAST :	2.5	mm	SIV DIAST :	3.3	mm	DTD VG :	16.9	mm
PP DIAST :	4.7	mm	S-IV syst :	6.2	mm	DTS VG :	12.5	mm
PP syst :	4.7	mm	FE :	54	%	FR VG :	26	%
%racc SIV :	89	%	%racc PP :	0	%	MASSE VG :	-3	g

© Chatterie de Maycoofolie's

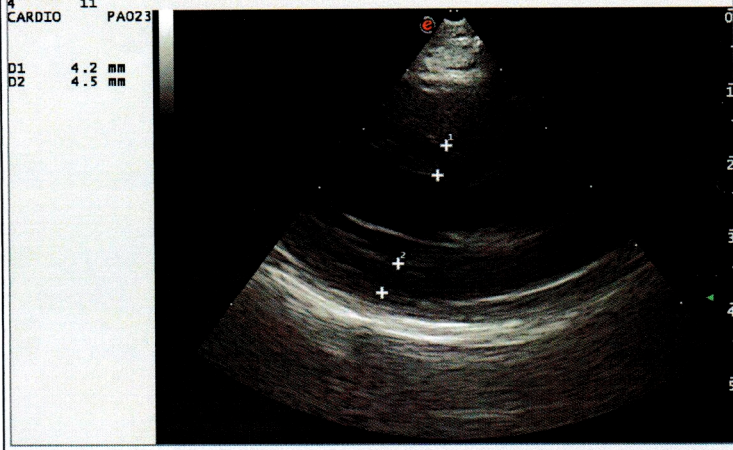


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@saote MyLab

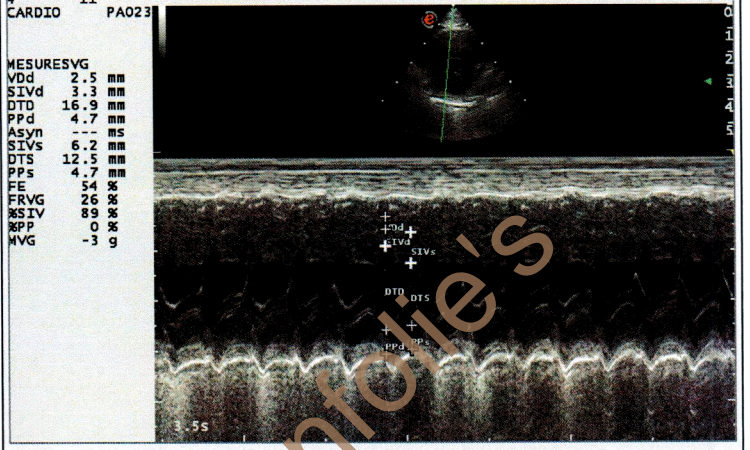
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B PEN-H G ---  
TEI P 58mm XV 4  
PRC 15/3/2 PRS 7  
PST 7 C 2



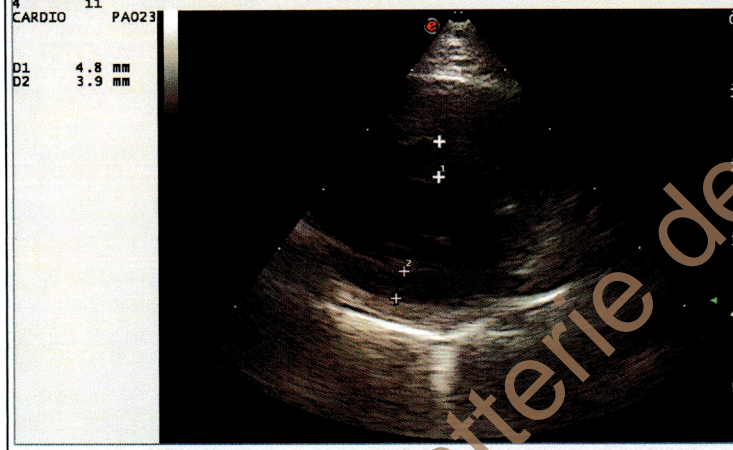
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B PEN-H G 50%  
TEI P 58mm XV 4  
PRC 15/3/2 PRS 7  
PST 7 C 2



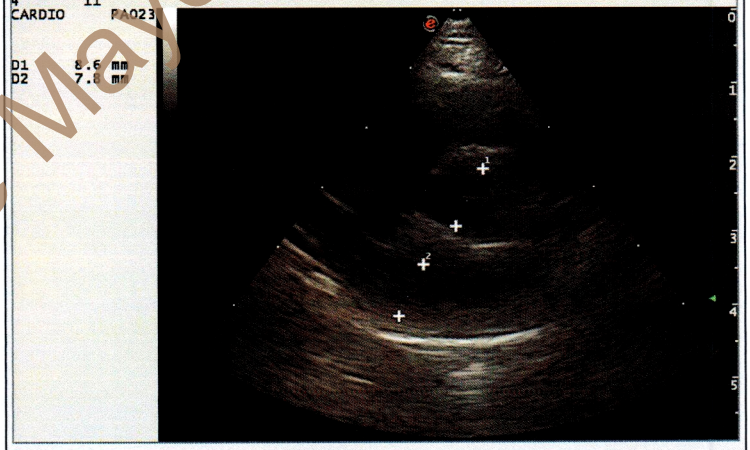
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B PEN-H G ---  
TEI P 58mm XV 4  
PRC 15/3/2 PRS 7  
PST 7 C 2



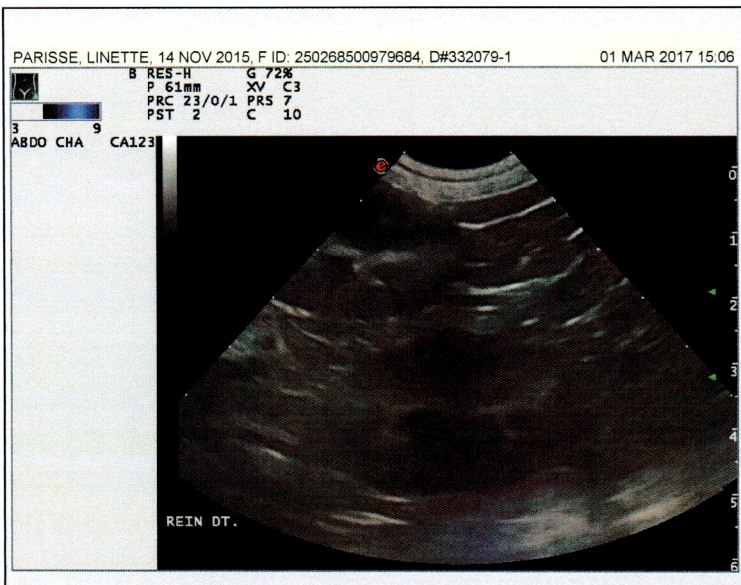
PARISSE, LINETTE, 14 NOV 2015, F ID: 250268500979684, D#332079-1 01 MAR 2017 15:03

B PEN-H G ---  
TEI P 58mm XV 4  
PRC 15/3/2 PRS 7  
PST 7 C 2



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# HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>  
Visit <http://www.pawpeds.com/healthprogrammes/> for more information

<b>Patient Information</b>		Owner's name Christophe PARISSE
Cat's registered name LINETTE DE MAYCOONFOLIES		Address 110 RUE DU LANDY
Registration number LOOF 2016.4357		Post code/City/State 93400 SAINT-OUEN
ID number, microchip or tattoo 250 268 500 979 684		Country FRANCE
Breed of cat MAINE COON		Phone (including country code) +33 6 67 35 65 84
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email MAYCOONFOLIES@LIVE.FR
Born (year-month-day) 2015/11/14		I have read PawPeds' instructions for HCM screening and are aware that I must inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature _____ Date 25/10/17
Sire ORION MAGELI		
Dam HANKY PANKY DE MAYCOONFOLIES		
<b>Examination</b>		Examination date (year-month-day) 2017-05-01
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment By lab machine
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>5,4</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	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
Heart rate <u>200</u> bpm	<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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant		
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
IVSd <u>3,3</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVIDd <u>16,4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVFWd <u>4,7</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>12,5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVFWs <u>4,7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>26</u>		
Ao <u>8,6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>7,5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>0,9</u>		
<b>Assessment (based on phenotype)</b>		Comments False tendon.
<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		
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not  Signature _____ Date 2017-03-01		<b>Dr Eric BOMASSI</b> Centre Hospitalier Vétérinaire 29, avenue Joffre 77100 MEAUX

For registration of the result, the veterinarian shall send a copy of this form to:  
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden