



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. RATTEZ

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

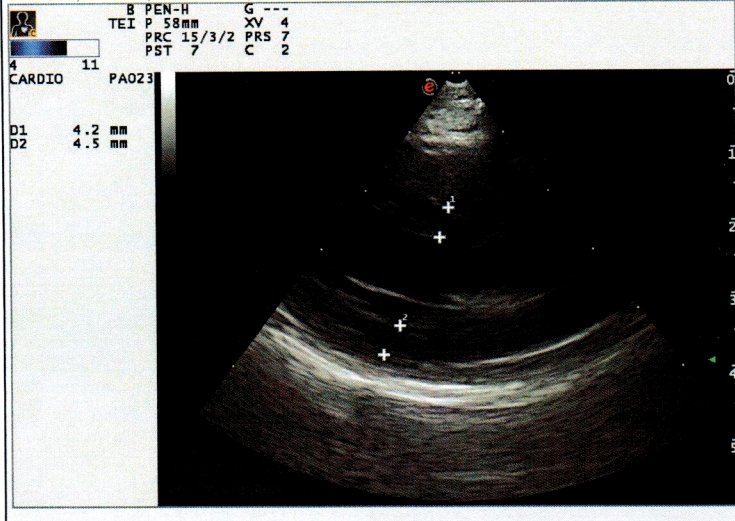
VD DIAST :	2.5	mm	SIV DIAST :	3.3	mm	DTD VG :	16.9	mm
PP DIAST :	4.7	mm	S-IV syst :	6.2	mm	DTS VG :	12.5	mm
PP syst :	4.7	mm	FE :	54	%	FR VG :	26	%
%racc SIV :	89	%	%racc PP :	0	%	MASSE VG :	-3	g

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@saote MyLab

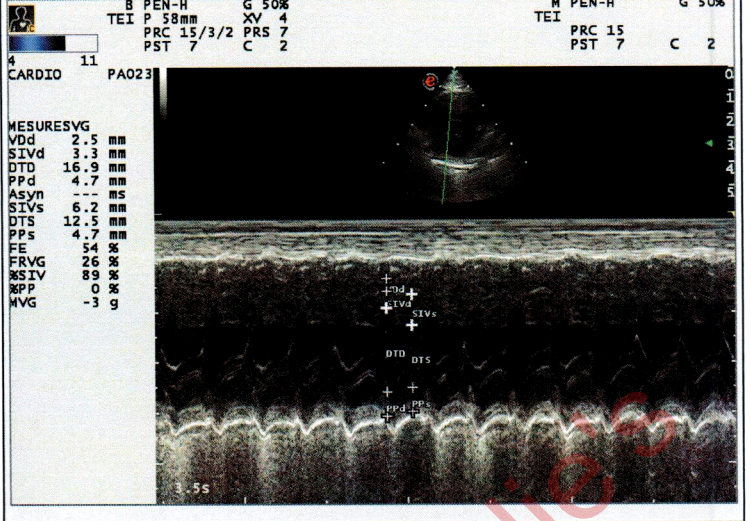
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01 MAR 2017 15:03



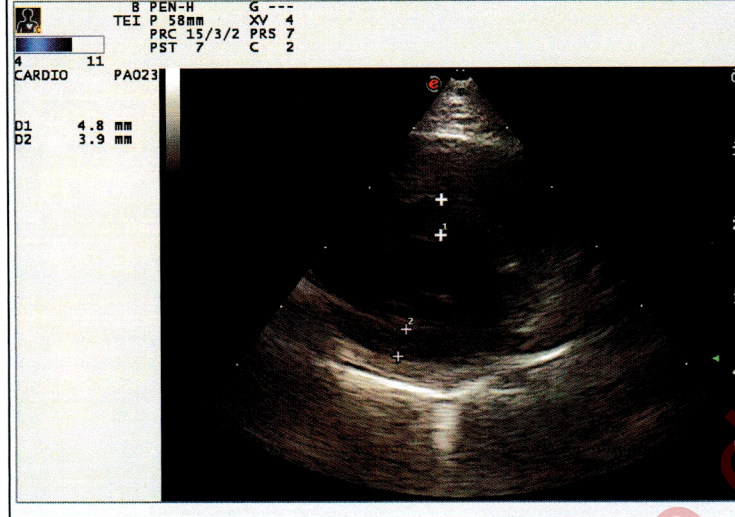
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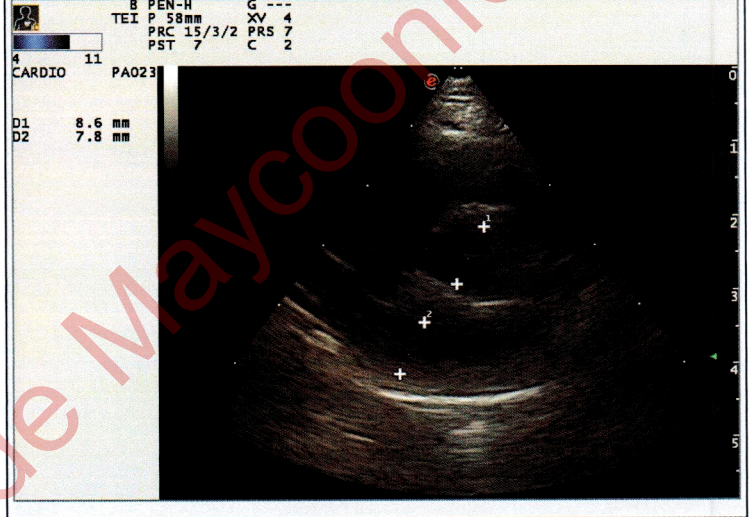
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PARISSE, LINETTE, 14 NOV 2015, F ID: 250268500979684, D#332079-1

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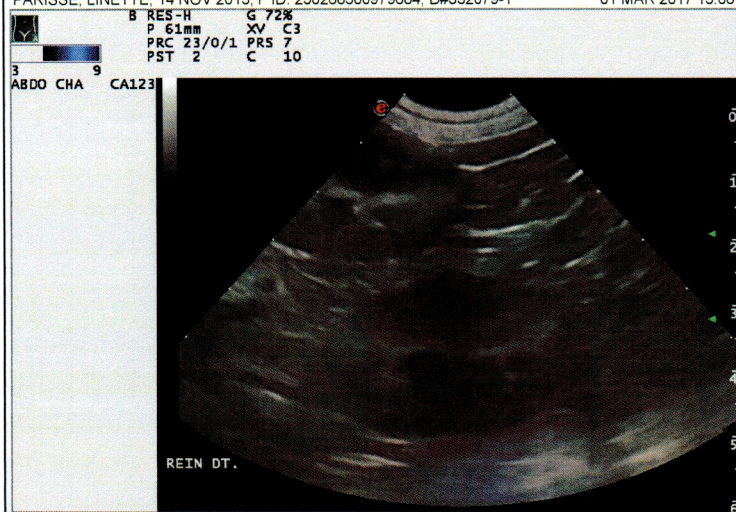


© chatterie de Mayconfole

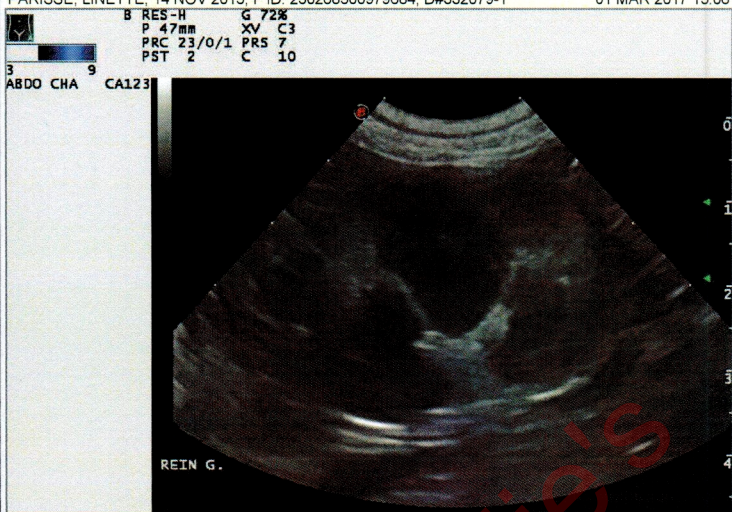
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PARISSE, LINETTE, 14 NOV 2015, F ID: 250268500979684, D#332079-1 01 MAR 2017 15:06



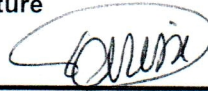
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HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>

Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name
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 250 268 500 579 684		Country FRANCE
Breed of cat MAINE COON		Phone (including country code) +33 6 67 35 65 84
☐ Male ☐ Not altered ☒ Female ☐ 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 cat's 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 25/01/17
Sire ORION MAGELI		
Dam HANKY PANKY DE MAYCOONFOLIES		
Examination		Examination date (year-month-day) 2017-05-01
Sedated ☐ Yes, with: ☒ No		Examination equipment By lab prise
On medication ☐ Yes, with: ☒ No		
Weight 5,4 kg Heart rate 200 bpm ☐ Dehydrated ☐ Pregnant ☐ Lactating ☐ Other, describe		Auscultation: ☒ Normal ☐ Gallop ☐ Murmur, characteristics Grade: I II III IV V VI ☐ Dynamic ☐ Static Timing: ☐ Systolic ☐ Diastolic ☐ Both ☒ Continuous Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe
IVSd 3,3 ☐ cm ☒ mm ☒ M-mode ☐ 2-D LVIDd 16,9 ☒ M-mode ☐ 2-D LVFWd 4,7 ☒ M-mode ☐ 2-D IVSs 6,2 ☒ M-mode ☐ 2-D LVIDs 12,5 ☒ M-mode ☐ 2-D LVFWs 4,7 ☒ M-mode ☐ 2-D SF 26 Ao 8,6 ☐ M-mode ☒ 2-D LA 7,5 ☐ M-mode ☒ 2-D LA/Ao 0,9		Subjective left atrial size ☒ Normal ☐ Mild enlargement ☐ Moderate enlargement ☐ Severe enlargement Systolic anterior motion of the mitral valve ☐ yes ☒ no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration ☐ yes ☒ no Papillary muscles ☒ Normal ☐ Abnormal, moderate enlargement ☐ Abnormal, severe enlargement
Assessment (based on phenotype)		Comments False Tendon.
☒ Normal ☐ Equivocal ☐ HCM ☐ Mild ☐ Moderate ☐ Severe ☐ RCM ☐ Other, describe		
Veterinarian		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified ☒ yes ☐ no, describe why not Signature  Date 2017-03-01		Dr Eric BOMASSI 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 BORLÄNGE, Sweden		