



CARDIORESPIRATORY PET REFERRALS

VICTORIA

Certificate of feline hypertrophic cardiomyopathy (HCM) testing

SECTION A (to be completed by owner) - please press firmly when writing

Owner's name *: Shreen Bousge Telephone*: 53584734
 Address *: 33 Skellington Street Post code: 3380
 Email *: shreenbousge@gmail.com
 Cat's full registered name: Supercatons African Queen aka Zalina
 Registration No.: _____ Registration Body: CCCFV
 Microchip No.: 982009153646152 Breed: maine coon
 Colour: _____ Sex: M F MN FN
 Date of birth: 25/10/2010 Age at scanning: _____
 Cat's veterinary surgeon: _____ Telephone: _____
 Address: _____ Post code: _____

- I declare that the cat presented for examination today is the cat identified above and the details provided are correct.
- I have read and understood the limitations of echocardiography scanning for HCM, as explained on the reverse of this form.
- It is not recommended that pregnant cats are scanned, so this is performed at my request and my own risk.
- I understand that echocardiography is currently the best available test available for identifying HCM and failure to detect it does not rule out that it may develop at a later date.

Signed (Owner/Agent): Bousge Date: 06-12-2012

SECTION B (to be completed by cardiologist - where indicated, record findings by ticking the appropriate boxes)

PHYSICAL EXAMINATION
 Microchip No. confirmed: Yes No Body condition score: 3/9 (1-thin-9-fat)
 Weight: _____ kg Dehydrated: Yes No Other (describe, e.g. pregnant): How pale tenting
 Sedated: No Yes If yes, state drugs and doses used: _____
 Auscultation: Heart rate: 108 bpm Normal Gallop Dysrhythmia
 Murmur (characteristics): Grade: I II III IV V VI Dynamic Constant
 Timing: Systolic Diastolic Both Continuous
 Location: Left apex (sternum) Left base Other (describe) : _____
 Comments / other: _____ Blood taken: ~~Yes~~ No

ECHOCARDIOGRAM
 The values below are the mean of how many measurements:

IVSd	<u>3</u> mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Left atrial size: Normal <input checked="" type="checkbox"/>
LVIDd	<u>23</u> mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Left atrial enlargement: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
LVPWd	<u>4</u> mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Systolic anterior motion of the mitral valve: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IVSS	<u>6</u> mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Outflow tract flow velocity (Doppler): LV <u>1.25</u> m/s
LVIDs	<u>11</u> mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	RVO <u>0.99</u> m/s
LVPWs	<u>7</u> mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	End-systolic cavity obliteration: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SF	<u>52</u> %	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Papillary muscles: Normal <input checked="" type="checkbox"/>
Ao	<u>9</u> mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Abnormal, moderate enlargement <input type="checkbox"/>
LA	<u>14</u> mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Abnormal, severe enlargement <input type="checkbox"/>
LA/Ao	<u>1.43</u>	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Other findings: _____

Mitral regurgitation present: Yes No
 HCM: Mild Moderate Severe
ASSESSMENT/DIAGNOSIS
 Normal (a normal examination today does not mean that HCM will not develop in the future)
 Equivocal
 HCM: Mild Moderate Severe
 Comments / other: _____
RECOMMENDATIONS
 Recheck examination: None 6 months 1 year Other (specify) : _____
 Comments: _____

Cardiologist (print): Richard Bousge Signed: Bousge
 Address stamp: CPR Victoria Qualifications: CertSAC/CertV/C/DV/C/DipECVIMCA(Card)
RCVS Specialist (MRCVS) (Benckle as appropriate)
 Date: 6/12/12