



# 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 \*: Shireen Booyse Telephone\*: 0487796229  
Address \*: \_\_\_\_\_ Post code: \_\_\_\_\_

Email \*: shireenbooyse@gmail.com

Cat's full registered name: Rumpleeza Petty Woman aka Kaja

Registration No.: \_\_\_\_\_ Registration Body: \_\_\_\_\_

Microchip No.: 95600004081869 Breed: maine coon

Colour: Brown tortie bi-colour classic Sex: M  F  MN  FN

Date of birth: 19-02-2015 Age at scanning: 2,5 yrs

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): [Signature] Date: 21-07-2017

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: 4 (1-thin → 9-fat)

Weight: \_\_\_\_\_ kg Dehydrated: Yes  No  Other (describe, e.g. pregnant): \_\_\_\_\_

Sedated: No  Yes  If yes, state drugs and doses used: \_\_\_\_\_

Auscultation: Heart rate: 160 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>3.0</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	Left atrial size: Normal <input checked="" type="checkbox"/>
LVIDd	<u>21.0</u> mm	M-mode	<input type="checkbox"/> 2-D	<input type="checkbox"/>	Left atrial enlargement: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
LVFWd	<u>4.0</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	Systolic anterior motion of the mitral valve: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IVSs	<u>5.0</u> mm	M-mode	<input type="checkbox"/> 2-D	<input type="checkbox"/>	Outflow tract flow velocity (Doppler): LV <u>1.26</u> m/s
LVIDs	<u>14.0</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	RV <u>1.25</u> m/s
LVFWs	<u>6.0</u> mm	M-mode	<input type="checkbox"/> 2-D	<input type="checkbox"/>	End-systolic cavity obliteration: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SF	<u>32</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	Papillary muscles: Normal <input checked="" type="checkbox"/>
Ao	<u>11</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	Abnormal, moderate enlargement <input type="checkbox"/>
LA	<u>13</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	Abnormal, severe enlargement <input type="checkbox"/>
LA/Ao	<u>1.31</u> mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Other findings: _____

Mitral regurgitation present: Yes  No

If yes: 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): Geoff Nicolson

Signed: [Signature]

Address stamp: \_\_\_\_\_

Qualifications: CertSAC/CertVC/DVC/DipeCVIMCA(Card.)

RCVS Specialist/MRCVS (Encircle as appropriate)

Date: 21-07-17