



# 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\*: 5358 4734  
 Address \*: 33 King Street Staxell Post code: 3380  
 Email \*: shreenbooyse@gmail.com  
 Cat's full registered name: Coorharen Kord Crusvenod  
 Registration No.: \_\_\_\_\_ Registration Body: GCCTV  
 Microchip No.: 956000008218719 Breed: Haine COON  
 Colour: \_\_\_\_\_ Sex:  M  F  MN  FN   
 Date of birth: 22/6/11 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): Booyse 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: 5/9 (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: 150 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>5</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	Left atrial size: Normal <input checked="" type="checkbox"/>
LVIDd	<u>13</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	Left atrial enlargement: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
LVPWd	<u>6</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IVSS	<u>11</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	Outflow tract flow velocity (Doppler): LV <u>0.87</u> m/s
LVIDs	<u>8</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	RV <u>0.71</u> m/s
LVPWs	<u>420</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SF	<u>12</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	Papillary muscles: Normal <input checked="" type="checkbox"/>
Ao	<u>13</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	Abnormal, moderate enlargement <input type="checkbox"/>
LA	<u>13</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	Abnormal, severe enlargement <input type="checkbox"/>
LA/Ao	<u>1.12</u> mm	M-mode	<input checked="" type="checkbox"/> 2-D	Other findings: _____

Mitral regurgitation present: Yes  No   
 Mitral regurgitation: 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 Watters Signed: Richard Watters

Address stamp: CPR VICTORIA

CPR VICTORIA

Qualifications: CertSAC/CertVCDV CDIP/ECVIMCA/Card  
 RCVS Specialist MRCVS (Member as appropriate)

Date: 6/12/12