

C/RDIORESPIRATORY PET REFERRALS

VICTORIA

Certificate of feline hypertrophic cardiomyopathy (HCM) testing

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Post code:	
	Address:
Telephone:	Cat's veterinary surgeon:
Age at scanning:	Date of birth: 22/6/11
Sex: M P F D MN D FN D	Colour:
Breed: Movine Coon	Microchip No.: 9560008218719 Breed: Maine Coon
Registration Body: GCCFV	Registration No.:
Lord Chastenor.	Cat's full registered name: Coorhaven Lord Crossenol
COP	Email *: shreenbouse @ gmail.com
Post code: 3380	Shawell
	Address *: 33 King Street
Telephone*: 5358 4734	Owner's name *: Shween Booyse

- I declare that the cat presented for examination today is the cat identified above and the details provided are
- I have read and understood the limitations of echocardiography scanning for HCM, as explained on the reverse of
- 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):
Shoy se
136
Date: 06-12-2012

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

Mittal regurgitation present: Yes No X Hyes: Mild Moderate Severe ASSESSMENT/DIAGNOSIS Normal (a normal examination today does not mean that HCM will not develop in the future) X Equivocal Equivocal HCM : Mild Moderate Severe Comments / other: RECOMMENDATIONS Recheck examination: None 6 months 1 year X Other (specify) : Cardiologist (print): Companies Companies Constant Address stamp: Qualifications: CertSAC/CertVC/DVC/DipECVIMCA(Card.) RCVS Specialist Authorized as appropriate)	IVSd LVIDd S	OCARDIOGRAM alues below are the mean of how many measurements:	Timing: Systolic □ Diastolic □ Both □ Continuous □ Location: Left apex (sternum) □ Left base □ Other (describe) : Comments / other: □ Blood taken: Yes € No €	PHYSICAL EXAMINATION Microchip No. confirmed: Yes No □ Body condition score: 5{\infty} (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: 15 ⊆ 6pm Normal ☒ Gallop □ Dysrhythmia □ Murmur (characteristics): Grade: 1 □ II □ III □ IV □ V □ VI □ Dynamic □ Constant □
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