

Tinkinkie



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*: 33 King Street
Stawell Post code: 3380
 Email*: shireenbooyse@gmail.com
 Cat's full registered name: SuperCoons Tinkinkie
 Registration No.: GFA 18109250(s) Registration Body: AFCA
 Microchip No.: 985113000842144 Breed: mainecoon
 Colour: black silver classic tabby Sex: M F MN FN
 Date of birth: 10/11/2017 Age at scanning: 1, 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): Booyse Date: 05-04-2019

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: 4/9 (1-thin → 9-fat)
 Weight: _____ kg Dehydrated: Yes No Other (describe, e.g. pregnant): 3 weeks kittens
 Sedated: No Yes If yes, state drugs and doses used: _____
 Auscultation: Heart rate: 180 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>4.60</u>	mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	Left atrial size: Normal <input checked="" type="checkbox"/>
LVIDd	<u>19.27</u>	mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	Left atrial enlargement: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>
LVPWd	<u>4.38</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>8.10</u>	mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	Outflow tract flow velocity (Doppler): LV <u>1.23</u> m/s
LVIDs	<u>8.54</u>	mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	RV <u>1.57</u> m/s
LVPWs	<u>7.23</u>	mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	End-systolic cavity obliteration: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
SF	<u>56.6</u>	mm	M-mode	<input checked="" type="checkbox"/> 2-D	<input type="checkbox"/>	Papillary muscles: Normal <input checked="" type="checkbox"/>
Ao	<u>11.84</u>	mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Abnormal, moderate enlargement <input type="checkbox"/>
LA	<u>14.67</u>	mm	M-mode	<input type="checkbox"/> 2-D	<input checked="" type="checkbox"/>	Abnormal, severe enlargement <input type="checkbox"/>
LA/Ao	<u>1.24</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): Richard Warrington Signed: [Signature]
 Address stamp: COE VICTORIA
 Qualifications: CertSAC/CertVC/DipECVIMCA(Card.)
RCVS Specialist/MRCVS (Encircle as appropriate)
 Date: 5 April 2019