



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*: _____
Address *: _____

Post code: _____

Email *: shireenbooyse@gmail.com

Cat's full registered name: Super Coons Yogi

Registration No.: _____ Registration Body: FCCV

Microchip No.: 956 Breed: maine coon

Colour: black silver Sex: M F MN FN

Date of birth: 03-02-2019 Age at scanning: 15 months

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: 05-06-2020

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): _____

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

Auscultation: Heart rate 240 bpm Normal Gallop Dysthythmia

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 4.38 mm M-mode 2-D Left atrial size: Normal

LVIDd 20.20 mm M-mode 2-D Left atrial enlargement: Mild Moderate Severe

LVFWd 4.01 mm M-mode 2-D Systolic anterior motion of the mitral valve: Yes No

IVSs 6.39 mm M-mode 2-D Outflow tract flow velocity (Doppler): LV 1.20 m/s

LVIDs 11.81 mm M-mode 2-D End-systolic cavity obliteration: Yes No

LVFWs 6.79 mm M-mode 2-D Papillary muscles: Normal

SF 44% mm M-mode 2-D Abnormal, moderate enlargement

Ao 11.07 mm M-mode 2-D Abnormal, severe enlargement

LA 12.95 mm M-mode 2-D

LA/Ao 1.16 mm M-mode 2-D

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

RECOMMENDATIONS

Recheck examination: None 6 months 1 year Other (specify): _____

Comments: _____

Cardiologist (print): Richard Pearson

Address stamp: VICTORIA

Qualifications: CertSAC/CertVCDV SDipECVIMCA(Card)

RCVS Specialist (MRCVS) (B) (in title as appropriate)

Date: 5th June 2020

19m