



# 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 \* **Kyra Foster** Telephone\* **767**  
 Address \* **[REDACTED]** Post code: **[REDACTED]**  
 Email \* **rumplteeza@gmail.com**  
 Cat's full registered name: **SuperCoons Wolverine**  
 Registration No. **QFA 1356** Registration Body: **QFA**  
 Microchip No.: **[REDACTED] 671** Breed: **Maine Coon**  
 Colour: **Black Smoke** Sex: **M**  **F**  **MN**  **FN**   
 Date of birth: **28/7/21** Age at scanning: **13mths**  
 Cat's veterinary surgeon: **Chirside Park Vet** Telephone: **(03) 9737 6366**  
 Address: **103 Switchback Rd, Chirside Park VIC** Post code: **3116**

- 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): \_\_\_\_\_ Date: \_\_\_\_\_

**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  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 **4.25** mm M-mode  2-D  Left atrial size: Normal   
 LVIDd **2.03** mm M-mode  2-D  Left atrial enlargement: Mild  Moderate  Severe   
 LVFWd **4.86** mm M-mode  2-D  Systolic anterior motion of the mitral valve: Yes  No   
 IVSs **2.69** mm M-mode  2-D  Outflow tract flow velocity (Doppler): LV **1.21** m/s  
 LVIDs **2.51** mm M-mode  2-D  RV **1.04** m/s  
 LVFWs **8.59** mm M-mode  2-D  End-systolic cavity obliteration: Yes  No   
 SF **536** mm M-mode  2-D  Papillary muscles: Normal   
 Ao **11.82** mm M-mode  2-D  Abnormal, moderate enlargement   
 LA **12.27** mm M-mode  2-D  Abnormal, severe enlargement   
 LA/Ao **1.04** 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   
 Comments / other: \_\_\_\_\_

**RECOMMENDATIONS**  
 Recheck examination: None  6 months  1 year  Other (specify): \_\_\_\_\_  
 Comments: \_\_\_\_\_

Cardiologist (print): **RICHARD WALKER** Signed: **[Signature]**  
 Address stamp: **CPRU VICTORIA** Qualifications: CertSAC/CertVC/DVCD/PECVIMCA/Card  
 RCVS Specialist/MRCVS (encircle as appropriate)  
 Date: **7/9/2022**