

Feline Adult Exam



# ACVIM Registry of Companion Animal Health

To complete the certification process, send this form and payment to:  
4425 S. Mopac Expy, Ste. 600 Austin, TX 78735 512-535-5611

To purchase certificate on-line, go to [www.ARCHcertify.org](http://www.ARCHcertify.org)

Required fields are denoted with \* and are in bold.



## Demographic Information

**Animal Information:**

\*Registered Name:

\*Registration #:

CFA  TICA

Other ID #:

Microchip  Tattoo

Gender:

Birthdate:

Breed:

**Owner Information:**

\*Last Name:

First Name:

\*Email: (print clearly)

Address:

Phone #:

City:

State: Zip:

Co-Owner Name:

**Fees:**

\$15-Preliminary Congenital (<12 months)  
\$15-ARCH Cardiac Certification  
No charge for Affected animals

**Cardiologist Information:**

Name:

Clinic Name:

Phone #:

## \*Required Adult Exam Results

**Auscultation:**

Result:  Normal  Murmur  Diastolic Gallop

**Echocardiogram:**

Result:  Normal  Abnormal  Uncertain  No Echo performed

**Adult Findings:**

Normal Exam: No evidence of feline hypertrophic cardiomyopathy.

Uncertain Exam: Feline hypertrophic cardiomyopathy cannot be diagnosed nor excluded.

Affected Exam: Feline hypertrophic cardiomyopathy of either a primary or secondary cause is found on examination.

Diagnosis(es):

Exam Quality:  Poor  Degraded  Good  Excellent

## Optional - Detailed Exam Information

**Auscultation:**

Grade (1-6):

Timing:  Systolic  Diastolic  Continuous

Primary PMI:  Left parasternal  Right parasternal

Extra Sounds:  Click  Split S1  Split S2  S3/S4

**Echocardiogram:**

Method Obtained:  2D  M-Mode

LVd:(mm) LAD:(mm)

LVs:(mm) AoD:(mm)

IVSd:(mm) LVPWd:(mm)

**ECG:**

Heart Rate: (bpm)

Rhythm:

Mean electrical axis:  Normal  Right axis deviation  Left axis deviation

**IVSd and/or LVPWd > 5.5 mm, please complete the following:**

Systolic anterior motion of mitral valve:  Present  Absent

Enter the LVOT velocity (m/s): Plasma T4:  nmol/L  µg/dl

Blood Pressure: Method:  Doppler  Dinamap  Other

## \*Certification

**Cardiologist:**

I certify that I examined this animal and my findings are correctly represented here. I further understand these results will be entered into the ARCH registry where the animal's owner may obtain a certified copy of the findings.

Signed by:

Date:

**DO NOT RETURN COMPLETED FORM TO OWNER**