



ACVIM Registry of Cardiac Health

To complete the certification process, send form to:
815 Brazos Street Ste. 204*Austin, TX 78701*512-535-5611
To verify certificate authenticity please logon to www.archcertify.org



Demographic/Signalment Information

Identifiers:		Signalment:	
Primary Identifier:	Type (AKC, CFA, etc.):	Gender:	Species: cat
Other Identifier:	Type (AKC, CFA, etc.):	Birthdate: --	
Registered Name:		Breed:	
Owner Information:		Cardiologist Information: (Name only required)	
Name:		Name:	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:
Email Address:		Email Address:	
ARCH Cardiac Certification-\$20		(no charge for affected animals)	

Adult Exam Results

Auscultation:		ECG:	
Result: <input type="checkbox"/> Normal <input type="checkbox"/> Murmur <input type="checkbox"/> Diastolic Gallop		Heart Rate: (bpm) Rhythm:	
Extra Sounds: <input type="checkbox"/> Click <input type="checkbox"/> Split S1 <input type="checkbox"/> Split S2 <input type="checkbox"/> S3/S4		Mean electrical axis: <input type="checkbox"/> Normal <input type="checkbox"/> Right axis deviation <input type="checkbox"/> Left axis deviation	
Grade: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI		IVSd and/or LVPWd > 5.5 mm, please complete the following:	
Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Continuous		Systolic anterior motion of mitral valve: <input type="checkbox"/> Present <input type="checkbox"/> Absent	
Location: <input type="checkbox"/> Left parasternal <input type="checkbox"/> Right parasternal		Enter the LVOT velocity (m/s): Plasma T4: <input type="checkbox"/> nmol/L <input type="checkbox"/> µg/dl	
		Blood Pressure: Method: <input type="checkbox"/> Doppler <input type="checkbox"/> Dinamap <input type="checkbox"/> Other	
Echocardiogram:		Method Obtained: <input type="checkbox"/> 2D <input type="checkbox"/> M-Mode	
Results: <input type="checkbox"/> No echo performed <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Uncertain			
LVd:(mm)	LAD:(mm)	IVSd:(mm)	FS:
LVs:(mm)	AoD:(mm)	LVPWd:(mm)	LA:Ao

Adult Findings

<input type="checkbox"/> Normal Exam:	No evidence of feline hypertrophic cardiomyopathy.
<input type="checkbox"/> Uncertain Exam:	Feline hypertrophic cardiomyopathy cannot be diagnosed nor excluded.
<input type="checkbox"/> Affected Exam:	Feline hypertrophic cardiomyopathy of either a primary or secondary cause is found on examination. (Complete line below)
Diagnosis(es):	

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: _____

Exam Quality: Poor Degraded Good Excellent

Comments: