# Day 0 – Enrollment

Date: _____

**Checklist:**

- ☐ Owner consent form
- ☐ Patient history (page 2)
- ☐ Physical examination (page 3)
- ☐ Echocardiogram (page 4)
- ☐ Additional diagnostics as deemed appropriate by attending cardiologist

Patient/Client Information

Patient Name: _____

Owner Name: _____

Owner Phone: _____

Owner Email address: _____

Medical Record number: _____

**Inclusion criteria**. Does the cat have/ has the cat/is the cat:

1. Underlying heart disease characterized by left atrial enlargement (LA:Ao > 1.5)? ☐ Yes ☐ No
2. Experienced a peripheral arterial thromboembolic event* within the last 30 days? ☐ Yes ☐ No
3. Normo- or mildly hyperkalemic ($K^+$ ≤ 6.5 mmol/L) on sample obtained in last 24 h? ☐ Yes ☐ No
4. Able to take oral medications for the remainder of its life? ☐ Yes ☐ No
5. Able to present for regular follow up visits for at least 12 months? ☐ Yes ☐ No

*Acute-onset paresis/plegia with clinical evidence of decreased limb perfusion (absent/decreased pulse quality and lack of Doppler flow signal in affected limb, cyanosis, limb cold to touch)

**If the answer is "NO" to any of the above questions, cat should be EXCLUDED**

**Exclusion criteria**. Does the cat have/is the cat:

1. Evidence of coagulopathy (hemorrhage, petechiae, ecchymosis)? ☐ Yes ☐ No
2. Concurrent systemic illness expected to limit short-term survival? ☐ Yes ☐ No
3. Body weight < 2.5 kg? ☐ Yes ☐ No

**If the answer is "YES" to any of the above questions, cat should be EXCLUDED**

**Delay criteria.** Does the cat have:

1. Clinical or radiographic evidence of cardiogenic pulmonary edema or pleural effusion? ☐ Yes ☐ No
2. Hyperkalemia (serum $K^+$ > 6.5 mmol/L) documented within 24 hours of screening? ☐ Yes ☐ No

**If the answer is "YES" to either of the above questions, enrollment should be DELAYED until "no"**

**Included?** ☐ Yes ☐ No

If "YES", proceed to page 2

# Day 0 – Enrollment

Visit Date: _____

| Patient/Client Information |
|---|
| Patient Name: _____ |
| Owner Name: _____ |
| Owner Phone: _____ |
| Owner Email address: _____ |
| Medical Record number: _____ |

## PATIENT SIGNALMENT

1. Date of birth: _____
2. Sex: ◻ M ◻ MN ◻ F ◻ FS
3. Breed: _____

## HISTORY

1. History of heart disease? ◻ Yes (specify below) ◻ No

   _____

2. Pre-existing disease(s), symptom(s), known hypersensitivities:

   Does the cat have any pre-existing diseases? ◻ Yes (specify below) ◻ No

   Does the cat have a history of known drug sensitivities? ◻ Yes (specify below) ◻ No

   Pre-existing disease(s)/sign(s): _____

   _____

3. Number of days since onset of clinical signs of ATE? _____
4. Regarding recent episode of ATE:
   a. Limbs affected (check all that apply): ◻ LF ◻ RF ◻ LH ◻ RH
   b. Specify absence/presence of motor function in each affected limb: _____

      _____

   c. Rectal temperature at the time of presentation: _____
   d. Cardiogenic pulmonary edema and/or pleural effusion? ◻ Pulmonary edema ◻ Pleural effusion

      How diagnosed? _____
5. Date of discharge from hospital related to recent episode of ATE: _____
6. Current meds (including routine ecto-/endo-parasite treatments. Specify drug, route, dosage frequency):

   _____

   _____

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|---|
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| Owner Phone: _____ |
| Owner Email address: _____ |
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## PHYSICAL EXAMINATION (TIME OF ENROLLMENT)

**Attitude:** □ BAR □ hyperactive □ depressed □ other: _____

**Rectal temp** (°F): _____ **HR** (bpm): _____ **RR** (bpm): _____ **Body weight** (kg): _____ **BCS** (1-9): _____

**Cardiac Auscultation:**
- □ Normal
- □ Gallop present
- □ Murmur present: Grade (circle): I II III IV V VI □ Dynamic
  - Timing: □ Systolic □ Diastolic □ Continuous
  - Location: □ Left parasternal □ Right parasternal
  - □ Other: _____
- □ Arrhythmia present. Description: _____

**Neuro** □ normal □ other (specify, including motor deficits): _____

**Skin** □ normal □ other (specify, including lesions of limb affected by ATE): _____

**MS system** □ normal □ other (specify): _____

**EENT** □ normal □ other (specify): _____

**Oral cavity** □ normal □ other (specify): _____

**PLN** □ normal □ other (specify): _____

**Respiratory** □ normal □ other (specify): _____

**GI tract** □ normal □ other (specify): _____

**Abd palpation** □ normal □ other (specify): _____

**UG tract** □ normal □ other (specify): _____

# Day 0 – Enrollment

Visit Date: _____

| Patient/Client Information |
|---|
| Patient Name: _____ |
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| Owner Phone: _____ |
| Owner Email address: _____ |
| Medical Record number: _____ |

## LABORATORY DATA AND ECHOCARDIOGRAPHIC FINDINGS

Where applicable, include copy of all results in study binder.

**Baseline diagnostics, if performed (not required for inclusion)**

*(Results from tests performed during visit for acute ATE episode and enrollment visit)*

- ☐ PCV/HCT: _____ %, _____ g/dL
- ☐ Serum chemistry panel(s)
- ☐ Urinalysis
- ☐ Abdominal ultrasound
- ☐ Thoracic radiographs

**Echocardiographic findings – MUST BE DONE ON ALL CATS** **Date of Exam: _____**

**2D/Color Doppler evaluation:**

- Measurements (R parasternal short axis): LA (cm) _____ Ao (cm) _____ LA:Ao _____
  (R parasternal long axis): LA (cm) _____
- Main/branch PA: ☐ normal ☐ dilated severity (subjective): _____
- RA: ☐ normal ☐ dilated ☐ small severity (subjective) _____
- RV: ☐ normal ☐ dilated ☐ small severity (subjective): _____
- RV systolic function: ☐ normal ☐ reduced ☐ hyperdynamic severity (subjective): _____
- LA: ☐ normal ☐ dilated ☐ small severity (subjective) _____
  ☐ LA thrombus absent ☐ LA thrombus present : _____
  ☐ Spontaneous echocontrast absent ☐ Spontaneous echocontrast present
- Pulmonary valve insufficiency: ☐ absent ☐ present severity (subjective): _____
- Mitral valve insufficiency: ☐ absent ☐ present severity (subjective): _____
- Mitral valve systolic anterior motion: ☐ absent ☐ present severity (subjective): _____
- Tricuspid valve insufficiency: ☐ absent ☐ present severity (subjective): _____
- Aortic valve insufficiency: ☐ absent ☐ present severity (subjective): _____
- LV papillary muscles: ☐ absent ☐ abnormal: _____

**M-mode evaluation (all average of 3-5 consecutive measurements)**

| | **Diastole (cm)** | **Systole (cm)** |
|---|---|---|
| RVID | _____ | _____ |
| IVS | _____ | _____ |
| LVID | _____ | _____ |
| LVPW | _____ | _____ |

LV FS% _____ LA (cm) _____ Ao (cm) _____ LA:Ao _____

# Day 0 – Enrollment

Visit Date: _____

| Patient/Client Information |
|---|
| Patient Name: _____ |
| Owner Name: _____ |
| Owner Phone: _____ |
| Owner Email address: _____ |
| Medical Record number: _____ |

**Echocardiographic findings continued**

**Date of Exam: _____**

**Spectral Doppler (m/s unless otherwise noted) (all average of 3-5 measurements)**

RVOT $V_{max}$ _____ LVOT $V_{max}$ _____

MV E wave $V_{max}$ _____ MV A wave $V_{max}$ _____ MV E:A ratio _____

☐ Assessment not possible due to E/A wave summation or presence of atrial fibrillation

Left atrial appendage flow velocity (right parasternal view): _____

**Subjective Assessment:**

- RV structure: ☐ normal ☐ ecc. hypertrophy ☐ conc. hypertrophy ☐ small degree: _____
- LV structure: ☐ normal ☐ ecc. hypertrophy ☐ conc. hypertrophy ☐ small degree: _____
- LV systolic function: ☐ normal ☐ reduced ☐ hyperdynamic degree: _____
- LV diastolic function: ☐ normal ☐ abnormal ☐ indeterminate Class : _____

**Diagnosis: _____**

**TREATMENT/RECHECK PLAN:** 60 days from today's date Date scheduled: _____

# Day 60 ± 3 – first recheck visit

Visit Date: _____

**Checklist:**

- ◻ History
- ◻ Physical examination
- ◻ Quality of life questionnaire
- ◻ Echocardiogram
- ◻ Venous blood sample for drug concentration testing

Patient/Client Information

Patient Name: _____

Owner Name: _____

Owner Phone: _____

Owner Email address: _____

Medical Record number: _____

## HISTORY

1. Has owner been administering study medication as prescribed? ◻ Yes ◻ No
2. Was study medication administered this morning? ◻ Yes ◻ No
   Date/time of last dose: _____
3. Any changes in the cats's health/well being or activity level since the last visit? ◻ Yes ◻ No
   If yes, characterize _____
4. Any vomiting, diarrhea, change in appetite since the last visit? ◻ Yes ◻ No
   If yes, characterize _____

## ECHOCARDIOGRAM

## LABORATORY DATA (add copy of results to study binder)

- ◻ 1.8 mL blood (EDTA/purple top) for drug concentration testing* (REQUIRED) Note time of collection: _____

  ***Plasma should be collected and frozen. Dr. Brainard will supply a fed-ex account for overnight shipping on cold pack**
- ◻ Copy of results from any testing deemed necessary by clinician should be placed in study binder

**RECHECK PLAN: Recheck 120 days from today's date** Date scheduled:_____

## Day 60 ± 3 – first recheck visit

Client Questionnaire

Visit Date: _____

Your pet's name:_____

Patient/Client Information

Patient Name: _____

Owner Name: _____

Owner Phone: _____

Owner Email address: _____

Medical Record number: _____

1. Did your cat receive his/her morning dose of the study medication this morning? □ Yes □ No

   At what time was his/her most recent dose taken? _____

2. Have you noticed any changes in your cat's general demeanor since your last visit? □ Yes □ No

   If "yes", please explain: _____

   _____

3. Have you noticed any changes in your cat's appetite since your last visit? □ Yes □ No

   If "yes", please explain: _____

   _____

4. Have you made any changes to your cat's diet since your last visit? □ Yes □ No

   If "yes", please explain: _____

   _____

5. Has your pet experienced any vomiting or diarrhea since his/her last visit? □ Yes □ No

   If "yes", please explain: _____

   _____

6. Have you had any difficulty handling or administering the study medication? □ Yes □ No

   If "yes", please explain: _____

   _____

7. Do you have any concerns today? □ Yes □ No

   If "yes", please explain: _____

   _____