

FELINE PATELLA FRACTURE SURVEY - 2010

Please circle or fill in responses as appropriate. If information is not available leave blank or put N/A. (NR = not recorded).

<u>Your details</u>	<u>Cat details</u>
Name	Name
Address	Age
	Sex M F MN FN
	Breed
Preferred contact details (email / fax / phone numbers)	Weight (kg)
	Diet?

Clinical history details

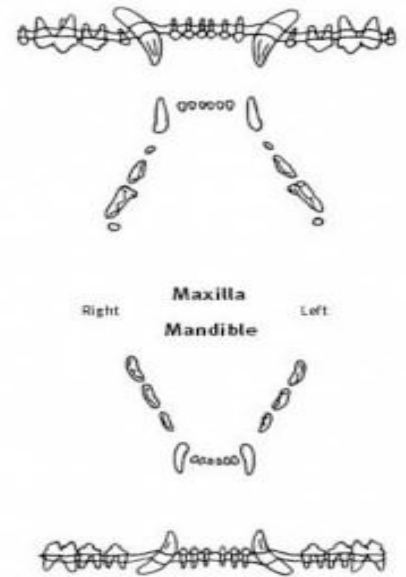
<u>RIGHT PATELLA</u>	<u>LEFT PATELLA</u>
Date fracture occurred (or age)	Date fracture occurred (or age)
Lameness - Acute / insidious / no onset of lameness? (circle as appropriate)	Lameness - Acute / insidious / no onset of lameness? (circle as appropriate)
How long after R lameness started were radiographs taken?	How long after L lameness started were radiographs taken?
<u>Orthopaedic examination</u>	
Any gait abnormalities rt? Yes*/No/NR *brief description if applicable	Any gait abnormalities left? Yes*/No/NR *brief description if applicable
Any lameness right hind – Yes*/No/NR *if yes what grade? (out of 10).....	Any lameness left hind – Yes*/No/NR– *if yes what grade? (out of 10).....
Any pain on palpation of the right patella – Yes / No / NR	Any pain on palpation of the left patella – Yes / No / NR
Any change in range of motion of the right joint – Yes*/No/NR * if yes is it decreased / increased	Any change in range of motion of the right joint – Yes*/No/NR * if yes is it decreased / increased
Any other fractures (either concurrently or previously)? Yes* / No *if yes please list fractures	

Any other diseases / abnormalities / additional information? Yes* / No
 *if yes please give brief details or provide history print out.

Teeth

Does the cat have a history of, or presently have retained deciduous teeth? Yes / No

Please mark affected teeth on the diagram



Treatment

<u>RIGHT PATELLA</u>	<u>LEFT PATELLA</u>
Treatment – none / conservative / medical / surgical	Treatment – none / conservative / medical / surgical
Details of treatment where appropriate	Details of treatment where appropriate
Outcome – normal / lameness intermittent / lameness constant / other	Outcome – normal / lameness intermittent / lameness constant / other

We would also be very interested in receiving specimens of bone, skin, teeth or fibrous tissue for histopathological analysis if samples become available.

If you have any queries regarding this form please contact us (see below)
 Please post the completed form with the radiographs to

Sorrel Langley-Hobbs (SJL41@cam.ac.uk), The Queens Veterinary School Hospital, University of Cambridge, Madingley Road, Cambridge, CB3 0ES, fax 01223 330848, tel 01223 337653

Radiographs will be copied or photographed and returned to you asap.

****THANK YOU VERY MUCH FOR TAKING THE TROUBLE TO FILL IN THIS FORM AND RETURN IT****