

VCOG Study of Mandibulectomy in Cats – Data Sheet

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Please enter data for cats undergoing mandibulectomy between 1980 and the present for any disease. Feel free to contact me with any questions or suggestions. Thank you for your participation.

Your Name _____ Institution _____

Patient Data

Name _____ Case Number _____

DOB _____ Gender: M F MC FS Breed _____ Weight (kg) _____

Reason for Mandibulectomy Tumor Other (specify) _____

Signs at Presentation _____

Duration of signs prior to presentation _____

Anorexia at presentation? Yes No Decreased appetite at presentation? Yes No

If yes, duration of anorexia or decreased appetite _____

Weight loss at presentation? Yes No If yes, what was cat's normal weight (kg)? _____

Size of tumor (cm) _____ ***Please draw location on mandible diagram (page 2)

Was radiography, CT, or MRI performed? Yes (if yes, circle which) No

Size of tumor on imaging (cm) _____ Bone lysis? Yes No

Histopathologic diagnosis _____

Grade and mitotic index (if appropriate) _____

Lymph node bx result (note node) _____ N/A

Residual disease: Yes No If yes: Gross Microscopic

Thoracic radiograph results _____ N/A

Lymph node aspirate result (note node) _____ N/A

Concurrent diseases _____

Laboratory abnormalities _____

Previous therapy Yes No If yes, describe _____

_____ Date _____

Prior surgery? Yes No If yes, describe _____

_____ Date _____

Prior chemotherapy? Yes No If yes, describe _____

_____ Date _____

Prior radiation therapy? Yes No If yes, describe _____

_____ Date _____

Surgical Data

Date of surgery _____ Performed by: Board Certified Surgeon Resident

Other (Please specify: _____)

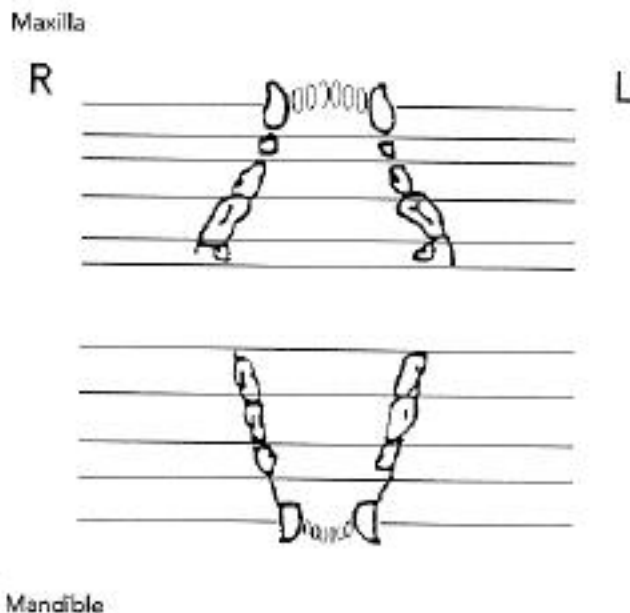
Teeth pulled: Yes No If yes, which _____

Feeding tube placed: Yes No If yes, type: Nasal Pharyngostomy/Esophagostomy Gastrostomy

Date feeding tube removed _____

Perioperative therapy (antibiotics, pain medications, intravenous fluids, etc) _____

Please draw on diagram site of tumor, site of surgery, and amount of mandible resected:



Post-operative Data

Date discharged_____

Did cat regain ability to eat on own? Yes No If yes, date_____

Did cat regain ability to drink on own? Yes No If yes, date_____

Mandibular drift? Yes No If yes, dates_____ to_____ Resolved Yes No

Jaw luxation? Yes No If yes, dates_____ to_____ Resolved Yes No

Malocclusion/injury to palate? Yes No If yes, dates_____ to_____ Resolved Yes No

Pawing at face? Yes No If yes, dates_____ to_____ Resolved Yes No

Hiding? Yes No If yes, dates_____ to_____ Resolved Yes No

Anorexic? Yes No If yes, dates_____ to_____ Resolved Yes No

Decreased appt? Yes No If yes, dates_____ to_____ Resolved Yes No

Tries to eat, but can't? Yes No If yes, dates_____ to_____ Resolved Yes No

Dysphagic? Yes No If yes, dates_____ to_____ Resolved Yes No

Drooling? Yes No If yes, dates_____ to_____ Resolved Yes No

Tongue lag? Yes No If yes, dates_____ to_____ Resolved Yes No

Tongue necrosis? Yes No If yes, dates_____ to_____ Resolved Yes No

Assessed as painful by clinician? Yes No If yes, dates_____ to_____ Resolved Yes No

Assessed as painful by owner? Yes No If yes, dates_____ to_____ Resolved Yes No

Other post-operative signs (and dates)_____

Did cat achieve resolution of all clinical signs? Yes No If yes, date_____

Could cat maintain body weight once eating? Yes No Please give available weights and dates_____

Chemotherapy (describe drugs/doses/number of doses/interval)_____

_____ Start date_____

Toxicity_____

Radiation therapy (describe dose/fractionation/schedule)_____

_____ Start date _____

Toxicity _____

Survival: Alive Lost to follow-up

Dead due to progression of disease: Local Distant Confirmed: Yes No

If yes, how? _____

Dead due to surgical complications (describe _____
_____)

Dead due to intercurrent disease (specify _____)

Date of death or last follow-up _____

Complications: Dehiscence? Yes No dates _____ to _____ Resolved Y N

If dehiscence, repaired? Yes No date _____

Infection? Yes No dates _____ to _____ Resolved Y N

Dermatitis of chin/neck? Yes No dates _____ to _____ Resolved Y N

Other complications (& dates) _____

If known, was owner satisfied with result of mandibulectomy (add notes if appropriate)? _____

Results of necropsy (if available) _____

N/A

