



HCM/RCM screening within health programme
 Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>
 Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name <i>Nicole Mayor</i>
Cat's registered name <i>Galia gloria d'oblivion</i>		Address <i>Av. maurice-troillet 21</i>
Registration number <i>LOS 13-33017</i>		Post code/City/State <i>1950 Sion</i>
ID number, microchip or tattoo <i>2502 68 7100 21910</i>		Country <i>Suisse</i>
Breed of cat <i>Sphinx</i>		Phone (including country code) <i>078 801 77 62</i>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>Sphinx.alizee@gmail.com</i>
Born (year-month-day) <i>1.04.2011</i>		I have read PawPeds' instructions for HCM screening and are aware that I must inform the examiner about my cats health status and if it is on medication. I am aware that the results will be retained for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature _____ Date <i>18.10.17</i>
Sire <i>le lubindoux midnight moon</i>		
Dam <i>eole callme sphinx</i>		
Examination		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>2017-10-18</i>
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment <i>logip 7 CE</i>
Weight <i>2.9</i> kg	Heart rate <i>140</i> bpm	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	IVSd <i>3.4</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <i>14.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <i>3.6</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <i>4.6</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <i>9.7</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <i>6.2</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <i>35%</i> Ao <i>9.0</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>10.2</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.14</i>	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
Assessment (based on phenotype)		Comments
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> RCM <input type="checkbox"/> Other, describe		
Veterinarian		Veterinarian's name, clinic's name and address <i>ANAN KOVACEVIC</i> Vetsuisse Fakultät Universität Bern Dept. für klin. Veterinärmedizin Kleintierklinik Länggassestrasse 128 CH-3001 Bern
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Signature <i>ANAN KOVACEVIC</i> Date <i>18.10.17</i>		

For registration of the result, the veterinarian shall send a copy of this form to:
 PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden