



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 <u>Nicole Mayor</u>	
Cat's registered name <u>Glabe de lyndsay</u>		Address <u>Av. maurice-troillet 21</u>	
Registration number <u>LOS 08-26841</u>		Post code/City/State <u>1950 Sion</u>	
ID number, microchip or tattoo <u>7560 981 004 00822</u>		Country <u>Suisse</u>	
Breed of cat <u>Sphinx</u>		Phone (including country code) <u>078 801 77 62</u>	
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Altered		Email <u>Sphynx.alizee@gmail.com</u>	
Born (year-month-day) <u>30 08 2008</u>		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 <u>Nicole</u> Date <u>18.10.17</u>	
Sire <u>Friday Ferdinandi</u>			
Dam <u>Babylone au coeur d'ange</u>			
Examination			
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <u>18.10.17</u>	
On medication <input checked="" type="checkbox"/> Yes, with: <u>ACE INHIBITOR</u> <input type="checkbox"/> No		Examination equipment <u>GE Logos 7</u>	
Weight <u>4.3</u> kg	Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur, characteristics		
Heart rate <u>220</u> bpm	Grade: I II III <input checked="" type="checkbox"/> V VI <input type="checkbox"/> Dynamic <input checked="" type="checkbox"/> Static		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous		
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Location: <input checked="" type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe		
IVSd <u>6.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement		
LVIDd <u>11.6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
LVFWd <u>7.6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____		
IVSs <u>na</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
LVIDs <u>na</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
LVFWs <u>na</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
SF <u>na</u>			
Ao <u>10.8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA <u>12.5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA/Ao <u>1.15</u>			
Assessment (based on phenotype)		Comments	
<input type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input checked="" 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 <u>Alan Kouakou</u> Vetsuisse - Fakultät Universität Bern Dept. für klin. Veterinärmedizin Kleintierklinik Länggassstrasse 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 <u>Alan Kouakou</u> Date <u>18.10.17</u>			

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 BORLÄNGE, Sweden