



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>Tony de l'unique</i>		Address <i>Av. maurice-trollet 21</i>
Registration number <i>LOS 1537590</i>		Post code/City/State <i>1950 Sion</i>
ID number, microchip or tattoo <i>756 098 000 009 329</i>		Country <i>Suisse</i>
Breed of cat <i>Sphinx</i>		Phone (including country code) <i>078 801 77 62</i>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input checked="" type="checkbox"/> Altered		Email <i>Sphinx.alizee@gmail.com</i>
Born (year-month-day) <i>31 08 2015</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 <i>Nicole</i> Date <i>18.10.17</i>
Sire <i>Iago de la bounecyane</i>		
Dam <i>Merloni Jocorda</i>		
Examination		Examination date (year-month-day) <i>2017-10-18</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Logp 7 AE</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>4.9</i> kg	Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur, characteristics	
Heart rate <i>170</i> bpm	Grade: I II III IV 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 <i>5.2</i> <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 <i>12.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LFWd <i>5.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
IVSs <i>6.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDs <i>7.7</i> <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	
LFWs <i>7.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
SF <i>40%</i>		
Ao <i>10.2</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <i>14.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <i>1.12</i>		
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 <i>Alan Kovacevic</i> 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 <i>Alan 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, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden		