



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>Maia des Z'Alizee</i>		Address <i>Av. maurice-troillet 21</i>	
Registration number <i>LOS 16-38714</i>		Post code/City/State <i>1950 Sion</i>	
ID number, microchip or tattoo <i>7560 939000 325 77</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>Sphynx.alizee@gmail.com</i>	
Born (year-month-day) <i>15.06.2016</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>Warrior des Z'Alizee</i>			
Dam <i>Isida Molly</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>Kogyo 7 CR</i>	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight <i>3.5</i> kg	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	
Heart rate <i>150</i> bpm	<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
IVSd <i>4.1</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	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDd <i>13.3</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	If yes, LV outflow tract flow velocity (Doppler) _____	
LVFWD <i>3.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
IVSs <i>4.8</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Assessment (based on phenotype) <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		
LVIDs <i>8.3</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LVFws <i>5.7</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
SF <i>38%</i>			
Ao <i>8.0</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D			
LA <i>9.1</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Veterinarian Veterinarian's name, clinic's name and address <i>ALAN KOVACEVIC</i> Vetsuisse-Fakultät Universität Bern Dept. für klin. Veterinärmedizin Kleintierklinik Länggassestrasse 128 CH-3001 Bern		
LA/Ao <i>1.15</i>			
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			