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

Cat's registered name: Isida M'olly

Registration number: fca 180515068

ID number, microchip or tattoo: 64 309 0000 100 895

Breed of cat: Sphinx

☐ Male ☒ Not altered
☒ Female ☐ Altered

Born (year-month-day): 18.05.2015

Sire: Isida Jordan

Dam: Isida Douce amere

Owner

Owner's name: Nicole Mayor

Address: Av. maurice-troillet 21

Post code/City/State: 1950 Sion

Country: Suisse

Phone (including country code): 078 801 77 62

Email: sphynx.alizee@gmail.com

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 Nicole **Date** 18.10.17

Examination

Examination date (year-month-day): 2017-10-18

Sedated: ☐ Yes, with: ☒ No

Examination equipment: GE Logiq 7

On medication: ☐ Yes, with: ☒ No

Weight: 3,3 kg

Heart rate: 170 bpm

☐ Dehydrated ☐ Pregnant
☐ Lactating ☐ Other, describe

Auscultation:
☒ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	3,4	☐ cm ☒ mm	☐ M-mode ☒ 2-D
LVIDd	13,8		☐ M-mode ☒ 2-D
LVFWd	3,8		☐ M-mode ☒ 2-D
IVSs	5,1		☐ M-mode ☒ 2-D
LVIDs	7,6		☐ M-mode ☒ 2-D
LVFWs	5,2		☐ M-mode ☒ 2-D
SF	45%		
Ao	7,8		☐ M-mode ☒ 2-D
LA	10,4		☐ M-mode ☒ 2-D
LA/Ao	1,34		

Subjective left atrial size
☒ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☒ no

Papillary muscles
☒ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments

Veterinarian

PawPeds' examination instructions has been followed
Cat's identity verified ☒ yes ☐ no, describe why not

Signature A. Kovacevic **Date** 18.10.17

Veterinarian's name, clinic's name and address

ALAIN KOVACEVIC

Vetsuisse-Fakultät Universität Bern
Dept. für klin. Veterinärmedizin
Kleintierklinik
Länggassstrasse 128
CH-3001 Bern

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