



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>Wamior des 2 Alizee</i>		Address <i>Av. maurice-troillet 21</i>
Registration number <i>LOS 15-37126</i>		Post code/City/State <i>1950 Sion</i>
ID number, microchip or tattoo <i>756093900027255</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 checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>Sphinx.alizee@gmail.com</i>
Born (year-month-day) <i>23.04.2015</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>quasar of bucked naked</i>		
Dam <i>Galia gloria d'oblivion</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>CR Logp 7</i>
Weight <u>5</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate <u>150</u> bpm	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 <u>3,5</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>14,5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWd <u>4,1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>5,0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDs <u>8,0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVFWs <u>4,9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D SF <u>49%</u> Ao <u>9,3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>14,4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,22</u>	
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		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
Veterinarian		Comments
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>		Veterinarian's name, clinic's name and address ALAN 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 BÖRLÄNGE, Sweden