



# 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
Cat's registered name Spice Basil		Boris Ehret
Registration number TICA SBT 022610 027		Address Kneubühl 3
ID number, microchip or tattoo 756038100479696		Post code/City/State 6208 Oberkirch
Breed of cat Bengal		Country Schweiz
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) +41 79 293 86 75
Born (year-month-day) 2010-07-26		Email b.ehret@bluewin.ch
Sire Spice Estragon		I have read PawPeds' instructions for HCM screening and am aware that I must inform the examiner about my cat's 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>Boris Ehret</i> Date 4.5.2017
Dam Kalanikats Chanel of Spice		
Examination		Examination date (year-month-day) 2017-05-04
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment MMD a
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>5.6</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>180</u> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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	
IVSd <u>3.8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm	<input type="checkbox"/> M-mode <input 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>17.1</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
LVPWd <u>4.3</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____
IVSs <u>7.4</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
LVIDs <u>8.8</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
LVPWs <u>7.1</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>49%</u>		
Ao <u>1.06</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA <u>1.52</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA/Ao <u>1.44</u>		
Assessment (based on phenotype)		Comments <i>ljd uregelmässiges Septum</i>
<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		
Veterinarian		Veterinarian's name, clinic's name and address <i>KardioVet</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>S.</i>	Date 4.5.2017	
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ångsmyrvägen 1 Basna, SE-781 95 BORLANGE, Sweden		Dr. Simone Jenni Dr. med. vet. Resident ECVIM Dr. Sabina Riessen Dr. med. vet. PhD, Dipl. ECVIM