



# 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

|   |   |  |
|---|---|--|
| <b>Patient Information</b>  |   | Owner's name<br>Boris Ehret  |
| Cat's registered name<br>Spice Sucette à l'Anis   |   | Address<br>Kneubühl 3  |
| Registration number<br>SBT 090111 039   |   | Post code/City/State<br>6208 Oberkirch (LU)  |
| ID number, microchip or tattoo<br>756098100525146 <i>756 098 100 58 5967</i>  |   | Country<br>Switzerland   |
| Breed of cat<br>Bengal  |   | Phone (including country code)   |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered<br><input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered  |   | Email<br>b.ehret@bluewin.ch  |
| Born (year-month-day)<br>2011-09-01   |   | 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.<br><b>Signature</b> <i>B. Ehret</i> <b>Date</b> <i>22.8.2017</i>  |
| Sire<br>Spice Estragon  |   |  |
| Dam<br>Kalanikats Chanel of Spice   |   |  |
| <b>Examination</b>  |   | Examination date (year-month-day)<br><i>2017-8-22</i>  |
| Sedated<br><input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No   |   | Examination equipment<br><i>Vivid 9</i>  |
| On medication<br><input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No   |   |  |
| Weight <i>4,13</i> kg<br>Heart rate <i>176</i> bpm<br><input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant<br><input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe  | Auscultation:<br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop<br><input type="checkbox"/> Murmur, characteristics<br>Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static<br>Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous<br>Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe |  |
| IVSd <i>3,4</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm<br>LVIDd <i>15,7</i><br>LVFWd <i>3,3</i><br>IVSs <i>6,4</i><br>LVIDs <i>9,0</i><br>LVFWs <i>5,9</i><br>SF <i>42%</i><br>Ao <i>9,5</i><br>LA <i>10,4</i><br>LA/Ao <i>1,10</i>                           | <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br><input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br><input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br><input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br><input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br><input type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br><input type="checkbox"/> M-mode <input type="checkbox"/> 2-D  | Subjective left atrial size<br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Mild enlargement<br><input type="checkbox"/> Moderate enlargement<br><input type="checkbox"/> Severe enlargement<br>Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>If yes, LV outflow tract flow velocity (Doppler) <i>/</i><br>End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>Papillary muscles<br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal, moderate enlargement<br><input type="checkbox"/> Abnormal, severe enlargement |
| <b>Assessment (based on phenotype)</b>  |   | Comments <i>ECC HR 183bpm; BCS 3/5</i><br><i>Normal systolic and diastolic cardiac function.</i>   |
| <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal<br><input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe<br><input type="checkbox"/> RCM<br><input type="checkbox"/> Other, describe |   |  |
| <b>Veterinarian</b>   |   | Veterinarian's name, clinic's name and address   |
| PawPeds' examination instructions has been followed<br>Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not<br><b>Signature</b> <i>S. Riesen</i> <b>Date</b> <i>2017-8-22</i>  |   | <i>KardioVet</i>   |

For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden