




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 Boris Ehret
Cat's registered name CH Spice Nigella		Address Kneubühl 3
Registration number SBT 022813 071		Post code/City/State 6208 Oberkirch
ID number, microchip or tattoo 756098100596038		Country Schweiz
Breed of cat Bengal		Phone (including country code) +4179 293 86 75
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email b.ehret@bluewin.ch
Born (year-month-day) 28 March 2013		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 Date <i>B. Ehret</i> 28.11.2017
Sire RW SGC Kalanikatz Rockstar		
Dam TGC Spice Pimienta		
Examination		Examination date (year-month-day) 2017-11 28
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Vivid 9</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>3,86</i> kg BCS <i>4/9</i> Heart rate <i>200</i> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		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
ECG Heart Frequency <i>183</i> IVSd <i>3,7</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <i>17,1</i> LVFWd <i>3,3</i> IVSs <i>6,3</i> LVIDs <i>9,3</i> LVFWs <i>5,7</i> SF <i>46%</i> Ao <i>8,7</i> LA <i>10,6</i> LA/Ao <i>1,21</i>		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
Assessment (based on phenotype)		Comments
<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		<i>Normal systolic and diastolic cardiac function.</i>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature Date <i>S. Riesen</i> 2017-11-28		Veterinarian's name, clinic's name and address  KardioVet

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
 Dr. Simone Jenni Dr. med. vet. Resident ECVIM
 Dr. Sabine Riesen Dr. med. vet. PhD, Dipl. ECVIM