



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 RW SGC Spice Lemon Grass		Address Kneubühl 3
Registration number SBT 080415 015		Post code/City/State 6208 Oberkirch
ID number, microchip or tattoo 756098100525146 <u>756 093900020590</u>		Country Schweiz
Breed of cat Bengal <u>SE</u>		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) 04 August 2015		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 <u>B. Ehret</u> Date <u>28.11.2017</u>
Sire IW SGC Fraservalley Denalis Thunder		
Dam RW TGC Spice Sucette à l'Anis		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2017-11-28
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <u>Vivid 9</u>
Weight <u>3,29</u> kg BCS <u>4/9</u> Heart rate <u>176</u> 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 <u>159</u> IVSd <u>3,6</u> <input checked="" type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LVIDd <u>17,6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3,6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>5,1</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>12,1</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>5,5</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>31%</u> Ao <u>8,4</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>8,6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1,02</u>		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) <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		Comments
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Veterinarian's name, clinic's name and address
Veterinary's signature <u>J. Jenni</u> Date <u>2017-11-28</u>		 KardioVet

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