



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 Spice Silver Cloud		Address Kneubühl 3
Registration number SBT 032416 067		Post code/City/State 6208 Oberkirch
ID number, microchip or tattoo 75609300020695 <i>756093000020695 SP</i>		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) 24 March 2016		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>B. Ehret</i> Date <i>28.11.2017</i>
Sire RW SGC Americatz Oceli Cloud		
Dam Spice Belladonna		
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>3,94</i> kg BCS <i>5/9</i> Heart rate <i>148</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>108</i> IVSd <i>3,5</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>17,3</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>3,5</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>8,3</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>10,1</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>7,6</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>42%</i> Ao <i>8,7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <i>11,8</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <i>1,36</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) <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 <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		Veterinarian's name, clinic's name and address
Veterinary's signature <i>S. Riesen</i> Date <i>2017-11-28</i>		<i>KardioVet</i>

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