



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 Al Janna's Amarena		Address Kneubühl 3
Registration number CU-BEN 230916 02 1007		Post code/City/State 6208 Oberkirch (LU)
ID number, microchip or tattoo 276093400963191		Country Switzerland
Breed of cat Bengal		Phone (including country code)
<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) 2016-09-23		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 22.8.2017
Sire Fraservalley Denalis Thunder		
Dam Al Janna's Talk 2 Me		
Examination		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2017-8-22
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Vivid 9
Weight <u>2,85</u> kg Heart rate <u>168</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 _____	
IVSd <u>3,0</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <u>12,9</u> LVFWd <u>3,1</u> IVSs <u>5,5</u> LVIDs <u>7,6</u> LVFWs <u>5,7</u> SF <u>41%</u> Ao <u>9,0</u> LA <u>8,4</u> LA/Ao <u>0,94</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <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 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 <u>ECG HR 161 bpm BCS 2/5</u>
<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 _____		<u>Normal systolic and diastolic cardiac function.</u>
Veterinarian		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____ Signature <u>S. Riesen</u> Date <u>2017-8-22</u>		

For registration of the result, the veterinarian shall send a copy of this form to: **Dr. Simone Jenni Dr. med. vet. Resident ECVIM PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden** or **Dr. Sabine Riesen Dr. med. vet. PhD, Dipl. ECVIM**