



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 <i>Spice Socelle z P' Anis</i>		Address Kneubühl 3
Registration number <i>SBT 03 01 11 039</i>		Post code/City/State 6208 Oberkirch
ID number, microchip or tattoo <i>756038100385367</i>		Country Schweiz
Breed of cat <i>Bengal</i>		Phone (including country code) +41 79 293 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) <i>2011-09-11</i>		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>Boris Ehret</i> Date <i>16.1.2020</i>
Sire <i>Spice Estragon</i>		
Dam <i>Kaleni kets Chanel</i>		
Examination		Examination date (year-month-day) 2020-01-16
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>4,2</i> kg BCS <i>4,9</i> Heart rate <i>164</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>159</i> IVSd <i>4,2</i> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>14,7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>4,2</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>6,1</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>8,5</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>5,9</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>42%</i> Ao <i>3,2</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <i>9,9</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <i>4,08</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) <i>✓</i> 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 Veterinary's signature <i>S. Riesen</i> Date <i>2020-1-16</i>		Veterinarian's name, clinic's name and address <i>Dr. Simone Jenni Dr. med. vet. Resident ECVIM</i> <i>Dr. Sabine Riesen Dr. med. vet. PhD, Dipl. ECVIM</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 BORLÄNGE, Sweden
Dr. Simone Jenni Dr. med. vet. Resident ECVIM
Dr. Sabine Riesen Dr. med. vet. PhD, Dipl. ECVIM