



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							
Cat's registered name		Address							
Registration number		Post code/City/State							
ID number, microchip or tattoo		Country							
Breed of cat		Phone (including country code)							
Male Not altered Female Altered		Email							
Born (year-month-day)		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.							
Sire						Signature		Date	
Dam									
Examination		Examination date (year-month-day)							
Sedated Yes, with: No		Examination equipment							
On medication Yes, with: No									
Weight _____ kg BCS _____ Heart rate _____ bpm Dehydrated Pregnant Lactating Other, describe		Auscultation: Normal Gallop Murmur, characteristics Grade: I II III IV V VI Dynamic Static Timing: Systolic Diastolic Both Continuous Location: Left apex (sternum) Left Base Other, describe							
ECG Heart Frequency _____ IVSd _____ cm mm M-mode 2-D LVIDd _____ M-mode 2-D LVFWd _____ M-mode 2-D IVSs _____ M-mode 2-D LVIDs _____ M-mode 2-D LVFWs _____ M-mode 2-D SF _____ Ao _____ M-mode 2-D LA _____ M-mode 2-D LA/Ao _____		Subjective left atrial size Normal Mild enlargement Moderate enlargement Severe enlargement Systolic anterior motion of the mitral valve yes no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration yes no Papillary muscles Normal Abnormal, moderate enlargement Abnormal, severe enlargement							
Assessment (based on phenotype)		Comments							
Normal Equivocal HCM Mild Moderate Severe RCM Other, describe									
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not Veterinary's signature Date		Veterinarian's name, clinic's name and address							

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