



# 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			
Dam			
Examination		Examination date (year-month-day)	
Sedated Yes, with: _____ No		Examination equipment	
On medication Yes, with: _____ No			
Weight _____ kg BCS _____	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		
Heart rate _____ bpm			
Dehydrated Pregnant Lactating Other, describe			
ECG Heart Frequency _____		Subjective left atrial size	
IVSd _____ cm mm	M-mode 2-D	Normal	
LVIDd _____	M-mode 2-D	Mild enlargement	
LVPWd _____	M-mode 2-D	Moderate enlargement	
IVSs _____	M-mode 2-D	Severe enlargement	
LVIDs _____	M-mode 2-D	Systolic anterior motion of the mitral valve yes no	
LVPWs _____	M-mode 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
SF _____		End-systolic cavity obliteration yes no	
Ao _____	M-mode 2-D	Papillary muscles	
LA _____	M-mode 2-D	Normal	
LA/Ao _____		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		Veterinarian's name, clinic's name and address	
Veterinary's signature _____ Date _____			

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