



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. Signature Date	
Sire			
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		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, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden