



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>Guru Shakti</i>		Address Kneubühl 3
Registration number <i>SBT 0409 16 025</i>		Post code/City/State 6208 Oberkirch
ID number, microchip or tattoo <i>941000019746318</i>		Country Schweiz
Breed of cat Bengal		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>18. March 2018</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>B. Ehret</i> Date <i>23. Jan 2020</i>
Sire <i>Rainforest Okavango of Guru</i>		
Dam <i>Cesarocca Shanti Takea</i>		
Examination		Examination date (year-month-day) <i>2020-01-23</i>
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>3,8</i> kg BCS <i>4/9</i> Heart rate <i>196</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>198</i> IVSd <i>4,0</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <i>15,7</i> LVFWd <i>4,0</i> IVSs <i>6,2</i> LVIDs <i>9,1</i> LVFWs <i>5,9</i> SF <i>42%</i> Ao <i>8,4</i> LA <i>10,9</i> LA/Ao <i>1,30</i>	<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) <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>2020-1-23</i>	Veterinarian's name, clinic's name and address <i>KardioVet</i>	

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. Dr. Sabine Riesen Dr. med. vet. PhD Dipl. ECVIM