




# 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

<b>Patient Information</b>		Owner's name Regula Hausin	
Cat's registered name Grace Kelly of Zulajas		Address Ottenbacherstrasse 68	
Registration number 13-6178		Post code/City/State 8912 Obfelden	
ID number, microchip or tattoo 276097202243598		Country Switzerland	
Breed of cat Maine Coon		Phone (including country code) 0041447612745	
Male <input type="checkbox"/> Not altered X Female <input checked="" type="checkbox"/> Altered		Email regula@hausin.com	
Born (year-month-day) 06.12.2012		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. <b>Signature</b> _____ <b>Date</b> _____	
Sire Hawkwind's Cameron			
Dam Lady Yustine of Mount Steele			
<b>Examination</b>		Examination date (year-month-day) 2016-02-29	
Sedated Yes, with: <input checked="" type="checkbox"/> No		Examination equipment VIVID Q	
On medication Yes, with: <input checked="" type="checkbox"/> No			
Weight <u>4.9</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal	Gallop	
Heart rate <u>200</u> bpm	Murmur, characteristics	Grade: I II III IV V VI	
Dehydrated <input type="checkbox"/>	Systolic Diastolic Both	Dynamic Static Timing:	
Lactating <input type="checkbox"/>	Left apex (sternum)	Left Base Other, describe	
IVSd <u>4.2</u> cm <input checked="" type="checkbox"/> mm	M-mode 2-D	Subjective left atrial size	
LVIDd <u>13.5</u>	M-mode 2-D	<input checked="" type="checkbox"/> Normal	
LVFWd <u>3.6</u>	M-mode 2-D	Mild enlargement	
IVSs <u>5.3</u>	M-mode 2-D	Moderate enlargement	
LVIDs <u>5.7</u>	M-mode 2-D	Severe enlargement	
LVFWs <u>6.2</u>	M-mode 2-D	Systolic anterior motion of the mitral valve yes <input checked="" type="checkbox"/> no	
SF <u>58%</u>		If yes, LV outflow tract flow velocity (Doppler) _____	
Ao <u>1.4</u>	M-mode 2-D	End-systolic cavity obliteration yes <input checked="" type="checkbox"/> no	
LA <u>1.53</u>	M-mode 2-D	Papillary muscles	
LA/Ao <u>1.33</u>		<input checked="" type="checkbox"/> Normal	
		Abnormal, moderate enlargement	
		Abnormal, severe enlargement	
<b>Assessment (based on phenotype)</b>		Comments kontrolle in 2j.	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal			
HCM Mild Moderate Severe			
RCM			
Other, describe			
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address	
PawPeds' examination instructions has been followed		 <b>KardioVet</b> Dr. Simone Jenni Dr. med. vet. Resident ECVIM Dr. Sabine Riesen Dr. med. vet. PhD, Dipl. ECVIM	
Cat's identity verified <input checked="" type="checkbox"/> yes no, describe why not			
Signature _____	Date 29.2.2016		
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 BÖRLÄNGE, Sweden			