



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

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|---|---|---|
| Patient Information | | Owner's name Boris Ehret |
| Cat's registered name <u>Spice Badiane</u> | | Address Kneubühl 3 |
| Registration number | | Post code/City/State 6208 Oberkirch |
| ID number, microchip or tattoo <u>756093900057303</u> | | Country Schweiz |
| Breed of cat <u>Bengal</u> | | 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) <u>2013-03-06</u> | | 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 <u>B. Ehret</u> Date <u>16.1.2020</u> |
| Sire <u>Spice Basil</u> | | |
| Dam <u>Like z Stett</u> | | |
| Examination | | Examination date (year-month-day) 2020-01-16 |
| Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination equipment <u>Vivid 9</u> |
| On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | |
| Weight <u>3,35</u> kg BCS <u>4/9</u> Heart rate <u>172</u> 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 <u>169</u> IVSd <u>3,3</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <u>13,7</u> LVFWd <u>3,3</u> IVSs <u>5,3</u> LVIDs <u>7,1</u> LVFWs <u>5,3</u> SF <u>48%</u> Ao <u>7,7</u> LA <u>10,0</u> LA/Ao <u>1,30</u> | 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) <u> </u> 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 <u>Normal systolic and diastolic cardiac function</u> |
| PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not | | Veterinarian's name, clinic's name and address |
| Veterinarian's signature <u>J. Jenni</u> Date <u>2020-1-16</u> | | KardioVet |
| 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 | | |