
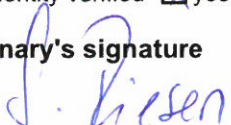





# HCM/RCM screening within health programme

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 Boris Ehret
Cat's registered name Spice Essence		Address Kneubühl 3
Registration number BTCC 051320 091		Post code/City/State 6208 Oberkirch (LU)
ID number, microchip or tattoo 756093900063461		Country Switzerland
Breed of cat Bengal		Phone (including country code) +41 79 293 86 75
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email b.ehret@bluewin.ch
Born (year-month-day) 2020-05-13		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> 2020-11-26
Sire Vom Karwendelberg Monte Carlo of Spice		
Dam Spice Aralia		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2020-11-26
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Virid 9
Weight <u>4.0</u> kg BCS <u>4</u> Heart rate <u>180</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>178</u> IVSd <u>3,6</u> <input checked="" type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16,4</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3,8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6,8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>8,1</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6,5</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>50%</u> Ao <u>8,5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>10,0</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1,17</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) _____ 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	
<b>Assessment (based on phenotype)</b> <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 Normal systolic and diastolic cardiac function.
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not <b>Veterinary's signature</b>  <b>Date</b> 2020-11-26		Veterinarian's name, clinic's name and address  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. Dr. Simone Jenni Dr. med. vet. Resident ECVIM. Dr. Sabine Riesen Dr. med. vet. PhD, Dipl. ECVIM