



# 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 Schmidhalter, Jasmine
Cat's registered name Chamode des Fines Terres * CH		Address Pflanzetastrasse 1
Registration number CH FFH LO 91387		Post code/City/State 3930 Visp
ID number, microchip or tattoo 756 098 100 769 864		Country Switzerland
Breed of cat Norwegische Waldkatze		Phone (including country code)
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email
Born (year-month-day) 05.09.16		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 2018-11-23
Sire GIC. SE * Utblicken's Beppe		
Dam Buick des Fines Terres * CH		
<b>Examination</b>		Examination date (year-month-day) 2018-11-23
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Vivid 9
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>3,51</u> kg    BCS <u>4/9</u> Heart rate <u>220</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>161</u> IVSd <u>3,5</u> <input checked="" type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>14,2</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3,3</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5,1</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>9,3</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>4,9</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>34%</u> Ao <u>9,6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>12,5</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D 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) _____ 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>		Comments Normal systolic and diastolic cardiac function.
<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		
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  Kardio Vet
Veterinary's signature _____ Date 2018-11-23		

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 BÖRLÄNGE, Sweden. Dr. Simone Jenni Dr. med. vet. Resident ECVIM Dr. Sabine Riesen Dr. med. vet. PhD, Dipl. ECVIM