
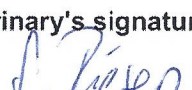




# HCM/RCM screening within health programme

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 Cookie - DK * Morgunstralan's Papas		Address Pflanzetastrasse 1
Registration number CH FFH LD 90005 Pancake		Post code/City/State 3930 Visp
ID number, microchip or tattoo 208 210 000 552 995		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) 27.01.16		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. <b>Signature</b> _____ <b>Date</b> 2018-11-23
Sire CH * HU * Gallifrey's Admiral William		
Dam DK * Morgunstralan's No No Bend Nala		
<b>Examination</b>		Examination date (year-month-day) 2018-11-23
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Kind 9
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>4,05</u> kg BCS _____	Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur, characteristics	
Heart rate <u>188</u> bpm	Grade: I II III IV V VI <input checked="" type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Location: <input type="checkbox"/> Left apex (sternum) <input checked="" type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
ECG Heart Frequency <u>186</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	
IVSd <u>3,5</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDd <u>13,2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
LVPWd <u>3,6</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
IVSs <u>6,7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVIDs <u>8,4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LVPWs <u>5,8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
SF <u>37%</u>		
Ao <u>7,4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA <u>10,9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA/Ao <u>1,47</u>		
<b>Assessment (based on phenotype)</b>	Comments Normal systolic and diastolic cardiac function. (A <sub>0</sub> max 1,0 m/s; P <sub>A</sub> max 1,17 m/s)	
<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  KardioVet	
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 BORLÄNGE, Sweden