



# 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 <i>Nicole Nein</i>
Cat's registered name <i>Wowbengals Tasha</i>		Address <i>Brunderholz rein 6</i>
Registration number <i>CH FFHLO 82770</i>		Post code/City/State <i>CH 4102 Birmingen</i>
ID number, microchip or tattoo <i>528093490020783</i>		Country <i>switzerland</i>
Breed of cat <i>Bengal</i>		Phone (including country code) <i>0041 61 421 31 96</i>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>bengal@meinerreisen.com</i>
Born (year-month-day) <i>2013-08-30</i>		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.
Sire <i>Wild beach Dark Paze Latin Par</i>		
Dam <i>Wowbengals Floating Mind</i>		
<b>Examination</b>		Signature <i>[Signature]</i> Date <i>16.2.2016</i>
Examination date (year-month-day) <i>2016-02-16</i>		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Stetho and sound L</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>3.8</i> kg	Heart rate <i>150</i> bpm	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
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	IVSd <i>3.7</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>15.0</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>9.1</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>6.1</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>9.0</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>6.1</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>40.3%</i> Ao <i>9.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>9.7</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>0.98</i>	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
<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		
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address <i>ALAN KOVACIC</i>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Vetsuisse - Fakultät Universität Bern Dept. für klin. Veterinärmedizin Kleintierklinik Länggassstrasse 128 CH-3001 Bern
Signature <i>Alan Kovacic</i> Date <i>16.2.2016</i>		

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