



# 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>N. Nein</i>
Cat's registered name <i>Gold Twins Yaks</i>		Address <i>Bruderholzrain 6</i>
Registration number <i>CH FFH LO 87117</i>		Post code/City/State <i>4102 Birmingen</i>
ID number, microchip or tattoo <i>900096000103272</i>		Country <i>Switzerland</i>
Breed of cat <i>Bengal</i>		Phone (including country code) <i>0041 61 421 3196</i>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>bengal@meinereisen.com</i>
Born (year-month-day) <i>2014 09-22</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. Signature <i>[Signature]</i> Date <i>16.02.2016</i>
Sire <i>Elyson Lexus</i>		
Dam <i>Sofie Glamour Bengal</i>		
<b>Examination</b>		Examination date (year-month-day) <i>2016-02-16</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examinatic equipment <i>Stoka pro sound L</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>5,5</i> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <i>190</i> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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	
IVSd <i>4,6</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement	
LVIDd <i>15,0</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input type="checkbox"/> no	
LVFWd <i>4,5</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
IVSs <i>0,3</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input type="checkbox"/> no	
LVIDs <i>8,2</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles	
LVFWs <i>0,8</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Normal	
SF <i>45,5%</i>	<input type="checkbox"/> Abnormal, moderate enlargement	
Ao <i>10,5</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Abnormal, severe enlargement	
LA <i>10,5</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <i>1</i>		
<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
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Universität Bern Institut für klin. Veterinärmedizin Tierklinik Murggassestrasse 128 CH-3001 Bern
Signature <i>Alan Kovacevic</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, Ångsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden		