



# 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 Nicole Nein
Cat's registered name Brotherwood's Belladonna		Address Bruderholzrain 6
Registration number FFH RX 87183		Post code/City/State 4102 Binningen
ID number, microchip or tattoo 756098100703625		Country Switzerland
Breed of cat Bengal		Phone (including country code) +41 78 667 77 16
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email bengal@meinereisen.com
Born (year-month-day) 15-02-24		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> _____ <i>N. Nein</i> 9.8.17
Sire Jade Stone Bengal Wasabi		
Dam Wowbengals Tasha		
<b>Examination</b>		
Examination date (year-month-day) 2017-8-9		
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>33</u> kg    BCS <u>3/5</u> Heart rate <u>204</u> 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 checked="" type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
ECG Heart Frequency <u>189</u> IVSd <u>3,8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <u>14,1</u> LVFWd <u>4,2</u> IVSs <u>5,7</u> LVIDs <u>7,3</u> LVFWs <u>5,7</u> SF <u>48%</u> Ao <u>9,2</u> LA <u>9,0</u> LA/Ao <u>0,99</u>		<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input 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 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 <i>Normal systolic and diastolic cardiac function.</i>
<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
Veterinary's signature <i>S. Riesen</i> Date 2017-8-9		 <b>KardioVet</b>
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		