





<b>Patient Information</b>		Owner's name Per Sautermeister
Cat's registered name S*Honungslyan's Kardemumma		Address Sickla Kanalgata 25
Registration number (SE)SVERAK LO 279151		Post code/City/State 120 67 Stockholm
ID number, microchip or tattoo 977200008088423		Country Sweden
Breed of cat Siberian Cat		Phone (including country code) +46 (0)733-63 42 07
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email per@sautermeister.se
Born (year-month-day) 2011-06-01		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> 2012-12-11 
Sire SE*Muscardinus Veyron		
Dam S*Baroques Auryrn Idaskaia		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2012-12-11
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment PA 12 MHz
Weight <u>3.0</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	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
Heart rate <u>200</u> bpm	<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 <u>0.33</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LVIDd <u>1.37</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVFWd <u>0.30</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
IVSs <u>0.39</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVIDs <u>0.78</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVFWs <u>0.56</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>43</u>		
Ao <u>0.84</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA <u>1.11</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA/Ao <u>1.32</u>		
<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 and address <b>Suzanne Gardier</b> I cg. veterinär Specialist i hundens och kattens sjukdomar  Regiondjursjukhuset Bagarmossen Ljusnevägen 17, 128 48 Bagarmossen Tel: 08-505 303 00
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Signature _____ Date 121211 		

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 BORLÄNGE, Sweden