



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

Patient Information		Owner's name Per Sautermeister
Cat's registered name SE*Scatters Chai		Address Korsnäsavägen 6
Registration number (SE)SVERAK RX 311978		Post code/City/State 122 42 Enskede
ID number, microchip or tattoo 752098100720079		Country Sweden
Breed of cat Siberian		Phone (including country code) +46733634207
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email info@scatters.se
Born (year-month-day) 2014-10-25		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 _____ Date 2016-06-08
Sire CH Titan Manchzhury		
Dam IC (N)CarilloCat Tilla-Tolv		
Examination		Examination date (year-month-day) 2016-06-08
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment GE Vivid RMH7
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>3.7</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate <u>168</u> bpm	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Timing: <input 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 type="checkbox"/> Left Base <input type="checkbox"/> Other, describe _____	
IVSd <u>0.37</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" 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 <u>1.54</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVPWd <u>0.27</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
IVSs <u>0.62</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDs <u>0.73</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVPWs <u>0.59</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>53</u>		
Ao <u>0.91</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA <u>0.97</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA/Ao <u>1.06</u>		
Assessment (based on phenotype)		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 _____		
Veterinarian		Veterinarian's name, clinic's name and address Region Jursjukhuset Bagarmossen Ljusvägen 17, 128 48 Bagarmossen Tel: 08-505 303 00 Suzanne Gundler Leg. veterinär Specialist i kardiologi hund och katt
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature _____ Date 160608		

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