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

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Patient Information

Owner's name: Per Sautermeister	
Cat's registered name: CH SE*Scatters Chai	Address: Kalmgatan 31
Registration number: (SE)SVERAK RX 311978	Post code/City/State: 121 45 Johanneshov
ID number, microchip or tattoo: 752098100720079	Country: Sweden
Breed of cat: Siberian	Phone (including country code): +46733634207
☐ Male ☒ Not altered ☒ Female ☐ 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.*
Sire: CH Titan Manchzhury	**Signature** **Date**
Dam: GIC (N)CarilloCat Tilla-Tolv	2018-08-31

Examination

Examination date (year-month-day): 2018-08-31	
Sedated: ☐ Yes, with: ☒ No	Examination equipment: philips EP/Q7
On medication: ☐ Yes, with: ☒ No	

Weight 4.14 kg BCS 5

Heart rate 192 bpm

☐ Dehydrated ☐ Pregnant

☐ Lactating ☐ Other, describe

Auscultation:

☒ Normal ☐ Gallop

☐ Murmur, characteristics

Grade: I II III IV V VI ☐ Dynamic ☐ Static

Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous

Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

ECG Heart Frequency 202

IVSd	4.0	☐ cm ☒ mm	☒ M-mode	☐ 2-D
LVIDd	14.7		☒ M-mode	☐ 2-D
LVFWd	3.2		☒ M-mode	☐ 2-D
IVSs	5.3		☒ M-mode	☐ 2-D
LVIDs	8.0		☒ M-mode	☐ 2-D
LVFWs	6.9		☒ M-mode	☐ 2-D
SF	45 %			
Ao	10.0		☐ M-mode	☒ 2-D
LA	10.4		☐ M-mode	☒ 2-D
LA/Ao	1.04			

Subjective left atrial size

☒ Normal

☐ Mild enlargement

☐ Moderate enlargement

☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☒ no

Papillary muscles

☒ Normal

☐ Abnormal, moderate enlargement

☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal

☐ HCM ☐ Mild ☐ Moderate ☐ Severe

☐ RCM

☐ Other, describe

Comments

PawPeds' examination instructions has been followed

Cat's identity verified ☒ yes ☐ no, describe why not

Veterinary's signature **Date** 31/8-18

Veterinarian's name, clinic's name and address

Jens Häggström
leg veterinär, professor,
dipl ECVIM-CA (card)

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 BORLÄNGE, Sweden