



# 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 Per Sautermeister	
Cat's registered name GIC S*Honungslan's Kardemumma		Address Kalmgatan 31	
Registration number (SE)SVERAK LO 279151		Post code/City/State 121 45 Johanneshov	
ID number, microchip or tattoo 977200008088423		Country Sweden	
Breed of cat Siberian		Phone (including country code) +46 733634207	
<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) 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> <i>[Signature]</i> <b>Date</b> 2017-09-01	
Sire IC SE*Muscardinus Veyron			
Dam S*Baroques Auryn Idaskaia			
<b>Examination</b>			
Examination date (year-month-day) 2017-09-01			
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>3.63</u> kg BCS <u>5</u> Heart rate <u>199</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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		
ECG Heart Frequency <u>199</u> (Doppler) IVSd <u>0.35</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.47</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.25</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0.60</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.63</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.61</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>57%</u> Ao <u>0.91</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>0.89</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.0</u>	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> <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		Comments	
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 Sara Granström Leg. veterinär PhD Regiondjursjukhuset Bagarmossen Ljusnevägen 17, 128 48 Bagarmossen	
Veterinary's signature <i>[Signature]</i> Date 1/9-2017			
For registration of the result, the veterinarian shall send a copy of this form to: Tel: 08-505 303 00 PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden			