



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

17/2955

Patient Information		Owner's name Per Sautermeister & Johanna Etzler
Cat's registered name IC (N)CarilloCat Tilla-Tolv		Address Sickla Kanalgata 25
Registration number (SE)SVERAK LO 294797		Post code/City/State 120 67 Stockholm
ID number, microchip or tattoo 578098100412507		Country Sweden
Breed of cat Siberian Cat		Phone (including country code) +46 (0)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) 2012-12-12		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 2014-07-04
Sire IC Rossity Casimir		
Dam (N)CarilloCat Dream 'O Gold		
Examination		
Examination date (year-month-day) 2014-07-04		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment phubus 1F33
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>3.3</u> kg	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	
Heart rate <u>165</u> bpm		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant		
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
IVSd <u>3.3</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm	<input checked="" 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
LVIDd <u>15.1</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWd <u>3.4</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
IVSs <u>5.5</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVIDs <u>7.3</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWs <u>6.9</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>52%</u>		
Ao <u>10.0</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <u>12.0</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA/Ao <u>1.2</u>		
Assessment (based on phenotype)		Comments My best recommendation Murm 1-2a
<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
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Signature Date 4/7-14		
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		