



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 & Johanna Etzler | |
| Cat's registered name IC (N)CarilloCat Tilla-Tolv | | Address Korsnåsvägen 6 | |
| Registration number (SE)SVERAK LO 294797 | | Post code/City/State 122 42 Enskede | |
| ID number, microchip or tattoo 578098100412507 | | Country Sweden | |
| Breed of cat Siberian | | 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 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 <i>Per Sautermeister</i> Date 24/7-15 | |
| Sire IC Rossity Casimir | | | |
| Dam (N)CarilloCat Dream 'O Gold | | | |
| Examination | | Examination date (year-month-day) 2015-07-24 | |
| Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination equipment <i>Vivid E9, 12 MHz</i> | |
| On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | | |
| Weight <u>3.5</u> kg Heart rate <u>100</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 | | |
| 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 LVIDd <u>1.33</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0.39</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>0.63</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>0.72</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0.65</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>48</u> Ao <u>0.95</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>1.20</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1.25</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 checked="" type="checkbox"/> yes <input type="checkbox"/> no Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement | | |
| Assessment (based on phenotype) <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 | |
| Veterinarian | | Veterinarian's name, clinic's name and address Suzanne Gundler Leg. veterinär Specialist i kardiologi hund och katt 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 <i>S. Gundler</i> Date 150724 | | | |
| 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 | | | |