

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

14/2953

Patient Information  Per Sautermister  Address IC (N)CartilloCat Tilla-Tolv  Registration number (SE)SVERAK Lo 294797  Dender microbide or tables  Sapes of cat  Per soutermister  Pest concelling the properties of the control of the	D-4'	Owner's name
Commercial Commercia	Patient Information	Per Sautermeister
Registration number   SES SVERAK LO 294797   121 45 Johanneshov		Address
SEISVERAK LO 284797   121.45 Johanneshov   121.45		
Transparent microthy or tation   Sweden		
Sweden   Sheet of call   Prone (reducing currity code)   Add (0)73-63 42 07   Email   Siberian   Altered   Altered   Altered   Altered   Info@scatters.se   Inaveres PawPets' Instructions for HCM screening and are aware that I must be a provided by patient by a part of the same and a status and if it is on medication. I am interest   Inaveres PawPets' Instructions for HCM screening and are aware that I must be a part of the same and a status and if it is on medication. I am interest   Inaveres PawPets' Instructions for HCM screening and are aware that I must be a part of the same and a status and if it is on medication. I am interest   Inaveres PawPets' Instructions for HCM screening and are aware that I must be a part of the search of the status and if it is on medication. I am interest   Inaveres PawPets' Instructions for HCM screening and are aware that I must be a part of the search of the status and if it is on medication. I am interest   Inaveres PawPets' Instructions for HCM screening and are aware that I must be a part of the search of the status and if it is on medication. I am interest   Inaveres PawPets' Instructions for HCM screening and are aware that I must be part of the search of the status and if it is on medication. I am interest   Inaveres PawPets' Instructions of the Missing and I is on medication and interest   Inaveres PawPets' Instructions of the Missing and I is on medication and interest   Inaveres PawPets' Instructions of the Missing and are aware that I must be pawPets' instructions of the Missing and are aware that I must be pawPets' instruction and interes   Inaveres PawPets' Instructions of the Missing and are aware that I must be pawPets' instruction of the Missing and are aware that I must be pawPets' instruction of the Missing and are aware that I must be pawPets' instruction of the Missing and are aware that I must be pawPets' instruction of the Missing and are aware that I must be pawPets' instruction of the Missing and are aware that I must be pawPets' instruction of the Mis		
Siberian   Proce (including country code)   446 (0) 73-63 42 07     Male   Remail   Altered   Female   Female   Altered   Female		
Siberian		
Marie   Mot altered   Info@scatters.se   Intervent   Info@scatters.se   Info@scatters.s		
Info@scatters.se   Info@scatte		
Sem injury   Sem		
Informative examiner about my cats heath status and its or medication is some with the treating with		
Second   Comments		inform the examiner about my cats health status and if it is on medication. I am
Common   C	Sire	■ aware that the results will be retained for the records of PawPeds. I authorize
Examination   Examination   Examination   Examination   Examination   Examination   Examination   Examination   Examination date (year-month-day)	IC Rossity Casimir	
Examination   Examination date (pear-morth-day)   2017-02-10	Dam	
Examination   Examination date (pear-morth-day)   2017-02-10	(N)CarilloCat Dream 'O Gold	2017-02-10
Sedated   Yes, with:	F	
Yes, with:		2017-02-10
No   No   No   No   No   No   No   No		Examination equipment 1 7 37
Yes, with:		Milias (E)
Weight		
Weight		
Heart rate   bpm   Murmur, characteristics   Grade:   II III   V V V   Dynamic   Static   Continuous   Lactating   Other, describe   Location:   Left apex (sternum)   Left Base   Other, describe   Location:   Left apex (sternum)   Left Base   Other, describe   LVFWd   L		П.,
Dehydrated   Pregnant   Dehydrated   Dehyd	o Davilla	
Dehydrated	Treat rate bpill	
Lactating   Other, describe   Location:   Left apex (sternum)   Left Base   Other, describe     VSd		
VSd	Timing.	
Normal     Normal   Normal     Normal     Normal     Normal     Normal     Normal   Normal     Normal     Normal     Normal     Normal     Normal   Normal     Normal     Normal     Normal     Normal     Normal   Normal   Normal     Normal	Location: Lett a	
LVIDd	IVSd ☐ cm ☑ mm ☑ M-mode ☐ 2-D	
LVFWd		
Severe enlargement   Systolic anterior motion of the mitral valve   yes   no	7	
M-mode   2-D   Systolic anterior motion of the mitral valve   yes   no	LVFWd M-mode	
LVIDs 7.7  LVFWs Wm-mode 2-D  SF Wm-mode 2-D  AO	IVSs 6.2 M-mode $\square_{2-D}$	Severe enlargement
LVFWs SF Ao LA Ao LA/Ao LA/Ao Assessment (based on phenotype)  Normal   Equivocal   HCM   Mild   Moderate   Severe   RCM   Other, describe  Veterinarian  PawPeds' examination instructions has been followed Cat's identity verified   yes   no, describe why not  Signature  Date    Value	21 T	Systolic anterior motion of the mitral valve yes no
M-mode   2-D   End-systolic cavity obliteration   yes   no	LVIDSM-mode L_2-D	
SF	LVFWs M-mode 2-D	
Ao	V 101	End-systolic cavity obliteration  yes yno
Assessment (based on phenotype)    Normal	1	Papillary muscles
Assessment (based on phenotype)  Normal   Equivocal   HCM   Mild   Moderate   Severe   RCM   Other, describe  Veterinarian  PawPeds' examination instructions has been followed Cat's identity verified   Yes   no, describe why not Signature  Date  Date  For registration of the result, the veterinarian shall send a copy of this form to:	Ao	
Assessment (based on phenotype)  Normal   Equivocal   HCM   Mild   Moderate   Severe   RCM   Other, describe  Veterinarian  PawPeds' examination instructions has been followed Cat's identity verified   Yes   no, describe why not   Signature   Date   Ol2 - 1}  For Yegistration of the result, the veterinarian shall send a copy of this form to:	LA M-mode 12-D	
Assessment (based on phenotype)  Normal   Equivocal   HCM   Mild   Moderate   Severe   RCM   Other, describe  Veterinarian  PawPeds' examination instructions has been followed Cat's identity verified   yes   no, describe why not   Jens Häggström   Leg. vet.   Professor  For registration of the result, the veterinarian shall send a copy of this form to:		
Assessment (based on phenotype)  Normal   Equivocal   HCM   Mild   Moderate   Severe   RCM   Other, describe  Veterinarian  PawPeds' examination instructions has been followed Cat's identity verified   Yes   no, describe why not   Leg. vet.   Professor  Signature   Date   O/2-/->  For registration of the result, the veterinarian shall send a copy of this form to:	LA/A0	
Normal	Assessment (based on phenotype)	Comments
HCM   Mild   Moderate   Severe   RCM   Other, describe      Veterinarian   Veterinarian's name, clinic's name and address	Assessment (based on phenotype)	
□ Other, describe  Veterinarian  PawPeds' examination instructions has been followed Cat's identity verified □ yes □ no, describe why not  Signature  Date    O[2-/]   For registration of the result, the veterinarian shall send a copy of this form to:	Normal	
Veterinarian  PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not  Signature  Date    Other, describe	☐ HCM ☐ Mild ☐ Moderate ☐ Severe	
PawPeds' examination instructions has been followed Cat's identity verified  yes  no, describe why not  Signature	RCM	
PawPeds' examination instructions has been followed Cat's identity verified  yes  no, describe why not  Signature  Date    Date	Other, describe	
PawPeds' examination instructions has been followed Cat's identity verified yes no, describe why not  Signature  Date  Date  For registration of the result, the veterinarian shall send a copy of this form to:		Veterinarian's name, clinic's name and address
Cat's identity verified yes no, describe why not  Signature  Date    O   7 - 1	Veterinarian	
Cat's identity verified yes no, describe why not  Signature  Date    O   7 - 1	PawPeds' examination instructions has been followed	1118
Signature  Date    Date   Professor	Cat's identity verified	
For registration of the result, the veterinarian shall send a copy of this form to:		
For registration of the result, the veterinarian shall send a copy of this form to:	Signature Date	Professor
For registration of the result, the veterinarian shall send a copy of this form to:	Jan 1/2 10/2-17	
For registration of the result, the veterinarian shall send a copy of this form to:	(1)	
	For registration of the result, the veterinarian shall send a copy of this form to:	