



# 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<br>Per Sautermeister & Johanna Etzler   |
| Cat's registered name<br>CH SE*Scatters Sol   |  | Address<br>Sickla Kanalgata 25   |
| Registration number<br>(SE)SVERAK RX 296173   |  | Post code/City/State<br>120 67 Stockholm   |
| ID number, microchip or tattoo<br>752098100651594   |  | Country<br>Sweden  |
| Breed of cat<br>Siberian  |  | Phone (including country code)<br>+46 733634207  |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered<br><input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered  |  | Email<br>info@scatters.se  |
| Born (year-month-day)<br>2013-03-26   |  | 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.<br><b>Signature</b> _____ <b>Date</b> 2014-10-01<br><i>Johanna Etzler</i> |
| Sire<br>S*Milashka's Hedeon   |  |  |
| Dam<br>GIC S*Honungslyan's Kardemumma   |  |  |
| <b>Examination</b>  |  |  |
| Sedated<br><input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No   |  | Examination date (year-month-day)<br>2014-10-01  |
| On medication<br><input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No   |  | Examination equipment<br><i>GE hepatic E13 81-10 MHz</i>   |
| Weight <u>3,28</u> kg   | Auscultation:<br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop  |  |
| Heart rate <u>200</u> bpm   | <input type="checkbox"/> Murmur, characteristics   |  |
| <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant   | Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static   |  |
| <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____   | 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>0.36</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D   | Subjective left atrial size  |  |
| LVIDd <u>1.46</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D   | <input checked="" type="checkbox"/> Normal   |  |
| LVFWd <u>0.35</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D   | <input type="checkbox"/> Mild enlargement  |  |
| IVSs <u>0.74</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D  | <input type="checkbox"/> Moderate enlargement  |  |
| LVIDs <u>0.62</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D   | <input type="checkbox"/> Severe enlargement  |  |
| LVFWs <u>0.66</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D   | Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                               |  |
| SF <u>58</u>  | If yes, LV outflow tract flow velocity (Doppler) _____   |  |
| Ao <u>0.92</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D  | End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no   |  |
| LA <u>1.14</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D  | Papillary muscles  |  |
| LA/Ao <u>1.24</u>   | <input checked="" type="checkbox"/> Normal   |  |
|   | <input type="checkbox"/> Abnormal, moderate enlargement  |  |
|   | <input type="checkbox"/> Abnormal, severe enlargement  |  |
| <b>Assessment (based on phenotype)</b>  |  | Comments   |
| <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal<br><input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe<br><input type="checkbox"/> RCM<br><input type="checkbox"/> Other, describe _____ |  |  |
| <b>Veterinarian</b>   |  | Veterinarian's name, clinic's name and address<br>Regiondjursjukhuset<br>Bagarmossen<br>Ljusnevägen 17,<br>128 48 Bagarmossen<br>Tel: 08-505 303 00<br><b>Suzanne Gundler</b><br>Leg. veterinär<br>Specialist i kardiologi<br>hund och katt  |
| PawPeds' examination instructions has been followed<br>Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not<br><br><b>Signature</b> _____ <b>Date</b> 141001<br><i>S Gundler</i>   |  |  |

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