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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

Patient Information

Owner's name: Per Sautermeister	
Cat's registered name: SE*Scatters Chai	Address: Kalmgatan 31
Registration number: (SE)SVERAK RX 311978	Post code/City/State: 121 45 Johanneshov
ID number, microchip or tattoo: 752098100720079	Country: Sweden
Breed of cat: Siberian	Phone (including country code): +46 (0)733-63 42 07
☐ Male ☒ Not altered ☒ Female ☐ Altered	Email: info@scatters.se
Born (year-month-day): 2014-10-25	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** 2017-02-10
Sire: CH Titan Manchzhury	
Dam: IC (N)CarilloCat Tilla-Tolv	

Examination

Examination date (year-month-day): 2017-02-10	
Sedated: ☐ Yes, with: ☒ No	Examination equipment: philips IE33
On medication: ☐ Yes, with: ☒ No	

Weight 3.8 kg

Heart rate 164 bpm

☐ Dehydrated ☐ Pregnant

☐ Lactating ☐ Other, describe

Auscultation:

☒ Normal ☐ Gallop

☐ Murmur, characteristics

Grade: I II III IV V VI ☐ Dynamic ☐ Static

Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous

Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	3.8	☐ cm ☒ mm	☒ M-mode ☐ 2-D
LVIDd	16.1		☒ M-mode ☐ 2-D
LVFWd	3.7		☒ M-mode ☐ 2-D
IVSs	5.9		☒ M-mode ☐ 2-D
LVIDs	10.0		☒ M-mode ☐ 2-D
LVFWs	5.3		☒ M-mode ☐ 2-D
SF	38%		
Ao	9.0		☐ M-mode ☒ 2-D
LA	10.0		☐ M-mode ☒ 2-D
LA/Ao	1.1		

Subjective left atrial size

☒ Normal

☐ Mild enlargement

☐ Moderate enlargement

☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☒ no

Papillary muscles

☒ Normal

☐ Abnormal, moderate enlargement

☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal

☐ HCM ☐ Mild ☐ Moderate ☐ Severe

☐ RCM

☐ Other, describe

Comments

Veterinarian

PawPeds' examination instructions has been followed

Cat's identity verified ☒ yes ☐ no, describe why not

Signature **Date** 10/2-17

Veterinarian's name, clinic's name and address

Jens Häggström
Leg. vet.
Professor

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden

Rev 1.13 (en) 2011-01-07