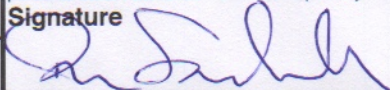
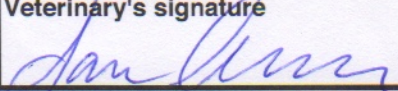




HCM/RCM screening within health programme

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 CH 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) +46733634207
☐ Male ☒ Not altered ☒ Female ☐ Altered		Email info@scatters.se
Born (year-month-day) 2014-10-25		I have read PawPeds' instructions for HCM screening. I am 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 by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form. Signature  Date 2019-09-13
Sire CH Titan Manchzhury		
Dam GIC (N)CarilloCat Tilla-Tolv		
Examination		Examination date (year-month-day) 2019-09-13
Sedated ☐ Yes, with: ☒ No		Examination equipment Philips Epiq 7G
On medication ☐ Yes, with: ☒ No		
Weight <u>4.0</u> kg BCS <u>5</u> Heart rate <u>188</u> 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	
ECG Heart Frequency <u>188</u> (M-mode) IVSd <u>0.39</u> ☒ cm ☐ mm ☒ M-mode ☐ 2-D LVIDd <u>1.63</u> ☒ M-mode ☐ 2-D LVFWd <u>0.36</u> ☒ M-mode ☐ 2-D IVSs <u>0.61</u> ☒ M-mode ☐ 2-D LVIDs <u>0.88</u> ☒ M-mode ☐ 2-D LVFWs <u>0.62</u> ☒ M-mode ☐ 2-D SF <u>46.2%</u> Ao <u>0.87</u> ☐ M-mode ☒ 2-D LA <u>1.03</u> ☐ M-mode ☒ 2-D LA/Ao <u>1.1</u>	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)		Comments
☒ Normal ☐ Equivocal ☐ HCM ☐ Mild ☐ Moderate ☐ Severe ☐ RCM ☐ Other, describe		
PawPeds' examination instructions has been followed Cat's identity verified ☒ yes ☐ no, describe why not Veterinary's signature  Date 13/9-2019		Veterinarian's name, clinic's name and address Sara Granström Leg. veterinär PHD Evidensia Smådjur AB Södra Djursjukhuset Månskärsvägen 13 141 75 Kungens Kurva Tel. 08-505 288 00
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		