



# 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 <i>CAMILIA GRANDIN</i>
Cat's registered name <i>Grand Oray Coco Chanel's Grey</i>		Address <i>BRANSTIGEN 4</i>
Registration number <i>RX 284978 (SE)SVERAK</i>		Post code/City/State <i>15254 SÖDERTÄLJE</i>
ID number, microchip or tattoo <i>643094100099013</i>		Country <i>SWEDEN</i>
Breed of cat <i>Sphynx</i>		Phone (including country code)
<del>Male</del> <input checked="" type="checkbox"/> <del>Not altered</del> Female <input type="checkbox"/> Altered <input type="checkbox"/>		Email <i>cat@grandins.com</i>
Born (year-month-day) <i>2011-05-14</i>		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.
Sire <i>Grand Oray Victors Need Never E</i>		
Dam <i>Grand Oray Yours Truly</i>		Signature <i>[Signature]</i> Date <i>06/20/13</i>
<b>Examination</b>		Examination date (year-month-day) <i>2013-06-20</i>
Sedated Yes, with: <input type="checkbox"/> No <input checked="" type="checkbox"/>		Examination equipment <i>ESAOTE Mylab 70</i>
On medication Yes, with: <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Weight <i>4.8</i> kg	Auscultation: <input checked="" type="checkbox"/> Normal Gallop	
Heart rate <i>171</i> bpm	Murmur, characteristics Grade: I II III IV V VI Dynamic Static	
Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/>	Timing: Systolic Diastolic Both Continuous	
Lactating <input type="checkbox"/> Other, describe	Location: Left apex (sternum) Left Base Other, describe	
IVSd <i>3.6</i> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode 2-D	Subjective left atrial size <input checked="" type="checkbox"/> Normal Mild enlargement Moderate enlargement Severe enlargement	
LVIDd <i>15.6</i> <input checked="" type="checkbox"/> M-mode 2-D	Systolic anterior motion of the mitral valve yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
LVPWd <i>4.0</i> <input checked="" type="checkbox"/> M-mode 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
IVSs <i>6.9</i> <input checked="" type="checkbox"/> M-mode 2-D	End-systolic cavity obliteration yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
LVIDs <i>6.9</i> <input checked="" type="checkbox"/> M-mode 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal Abnormal, moderate enlargement Abnormal, severe enlargement	
LVPWs <i>8.7</i> <input checked="" type="checkbox"/> M-mode 2-D		
SF <i>56%</i>		
Ao <i>9.6</i> M-mode <input checked="" type="checkbox"/> 2-D		
LA <i>11.3</i> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <i>1.1</i>		
<b>Assessment (based on phenotype)</b>		Comments
<input checked="" type="checkbox"/> Normal Equivocal HCM Mild Moderate Severe RCM Other, describe		
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address <i>Sara Granström Leg. veterinär SÖDRA DJURSKURVA SÖFT KURVA Månskårsvagen 13 141 75 KUNGENS KURVA Tel. 08-505 288 00</i>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Signature <i>[Signature]</i> Date <i>20/6-2013</i>		