



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

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|---|--|--|
| Patient Information | | Owner's name <i>Camilla GRANJAN</i> |
| Cat's registered name <i>S* Shangri-La Felin Neytiri</i> | | Address <i>TRUST. 4</i> |
| Registration number <i>(SE) SVERAK LO 278270</i> | | Post code/City/State <i>15254 STORTÄLJE</i> |
| ID number, microchip or tattoo <i>941000013254129</i> | | Country <i>SWEDEN</i> |
| Breed of cat <i>Sphynx</i> | | Phone (including country code) <i>0709589595</i> |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered | | Email |
| Born (year-month-day) <i>2011-04-19</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>CH S* Softskins Berry the one and only</i> | | |
| Dam <i>S* Shangri-La Felin Fata Morgana</i> | | |
| Examination | | Signature <i>[Signature]</i> Date <i>120404</i> |
| Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination date (year-month-day) <i>120404</i> |
| On medication <input checked="" type="checkbox"/> Yes, with: <i>P-piller</i> <input type="checkbox"/> No | | Examination equipment <i>PA 12 MHz</i> |
| Weight <i>3,34</i> kg | Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop | |
| Heart rate <i>200</i> 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 <i>0,29</i> <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 <i>1,60</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | <input checked="" type="checkbox"/> Normal | |
| LVPWd <i>0,28</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D | <input type="checkbox"/> Mild enlargement | |
| IVSs <i>0,58</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | <input type="checkbox"/> Moderate enlargement | |
| LVIDs <i>0,89</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | <input type="checkbox"/> Severe enlargement | |
| LVPWs <i>0,61</i> <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 <i>44</i> | If yes, LV outflow tract flow velocity (Doppler) _____ | |
| Ao <i>0,92</i> <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 <i>1,17</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | Papillary muscles | |
| LA/Ao <i>1,28</i> | <input checked="" type="checkbox"/> Normal | |
| | <input type="checkbox"/> Abnormal, moderate enlargement | |
| | <input type="checkbox"/> Abnormal, severe enlargement | |
| Assessment (based on phenotype) | | Comments |
| <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> RCM <input type="checkbox"/> Other, describe | | |
| Veterinarian | | Veterinarian's name, clinic's name and address |
| PawPeds' examination instructions has been followed | | Suzanne Gundler |
| Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not | | Leg. veterinär |
| Signature <i>[Signature]</i> Date <i>120404</i> | | Specialist i hundens och kattens sjukdomar |
| | | Regiondjursjukhuset Bagarmossen Ljusnevägen 17, 128 48 Bagarmossen Tel: 08-505 303 00 |

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