



# 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>Camilla GRANJAN</i>	
Cat's registered name <i>S* Shangri-La Felin Neytiri</i>		Address <i>TRUST. 4</i>	
Registration number <i>(SE) SVERAK L0 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>			Signature
Dam <i>S* Shangri-La Felin Fata Morgana</i>			Date <i>120404</i>
<b>Examination</b>		Examination date (year-month-day) <i>120404</i>	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>PA 12 MHz</i>	
On medication <input checked="" type="checkbox"/> Yes, with: <i>P-piller</i> <input type="checkbox"/> No			
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 <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement	
LVIDd <i>1,60</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	
LVPWd <i>0,28</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		If yes, LV outflow tract flow velocity (Doppler) _____	
IVSs <i>0,58</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	
LVIDs <i>0,89</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVPWs <i>0,61</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
SF <i>44</i>			
Ao <i>0,92</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA <i>1,17</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA/Ao <i>1,28</i>			
<b>Assessment (based on phenotype)</b>		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			
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address <b>Suzanne Gundler</b> Leg. veterinär Specialist i hundens och kattens sjukdomar Regiondjursjukhuset Bagarmossen Ljusnevägen 17, 128 48 Bagarmossen Tel: 08-505 303 00	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not			
Signature <i>S. Gundler</i>	Date <i>120404</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