



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 <i>CAMILIA GRANDIN</i>
Cat's registered name <i>S*Suangri-La Felin Neutri</i>		Address <i>ÖRNSTIGEN 4</i>
Registration number <i>LO 270270 (SE)SVERAK</i>		Post code/City/State <i>15254 SÖDERTÄLJE</i>
ID number, microchip or tattoo <i>941000013254129</i>		Country <i>SWEDEN</i>
Breed of cat <i>Sphynx</i>		Phone (including country code)
Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Altered <input type="checkbox"/>		Email <i>cat@grandins.com</i>
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. Signature _____ Date <i>06/20/13</i>
Sire <i>S*Softskins Berry the one</i>		
Dam <i>S*Suangri-La Felin Fata Morgana</i>		
Examination		Examination date (year-month-day) <i>2013-06-20</i>
Sedated Yes, with: <input checked="" type="checkbox"/> No <input type="checkbox"/>		Examination equipment <i>ISAOTE MyLab 70</i>
On medication Yes, with: <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Weight <i>3.8</i> kg	Auscultation: <input checked="" type="checkbox"/> Normal	Gallop
Heart rate <i>240</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>3.5</i> cm <input checked="" type="checkbox"/> mm	<input checked="" type="checkbox"/> M-mode 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>16.5</i>	<input checked="" type="checkbox"/> M-mode 2-D	Systolic anterior motion of the mitral valve yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
LVPWd <i>3.8</i>	<input checked="" type="checkbox"/> M-mode 2-D	If yes, LV outflow tract flow velocity (Doppler) _____
IVSs <i>6.0</i>	<input checked="" type="checkbox"/> M-mode 2-D	End-systolic cavity obliteration yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
LVIDs <i>9.9</i>	<input checked="" type="checkbox"/> M-mode 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
LVPWs <i>7.0</i>	<input checked="" type="checkbox"/> M-mode 2-D	
SF <i>40.1</i>		
Ao <i>8.9</i>	M-mode <input checked="" type="checkbox"/> 2-D	
LA <i>9.3</i>	M-mode <input checked="" type="checkbox"/> 2-D	
LA/Ao <i>1.0</i>		
Assessment (based on phenotype)		Comments
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal HCM Mild Moderate Severe RCM Other, describe		
Veterinarian		Veterinarian's name, clinic's name and address <i>Sara Granström Lag. veterinär SÖDRA DJURSJKUHuset AB Månskärsvägen 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 _____ Date <i>20/6-2013</i>		