



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 GRANQVIST</i>	
Cat's registered name <i>Grand Oray Marken Ulla of Sleranby</i>		Address <i>Agatan 26</i>	
Registration number <i>10 308995</i>		Post code/City/State <i>17262 Sundbyberg</i>	
ID number, microchip or tattoo <i>643094100329093</i>		Country <i>Sweden</i>	
Breed of cat <i>Sphynx</i>		Phone (including country code)	
<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>2013-09-26</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>Wizardgate Ludey of Grand Oray</i>			Signature
Dam <i>Baby Moon Cira Marie Larangt Le-GO</i>			Date <i>2016-08-11</i>
Examination			Examination date (year-month-day) <i>2016 08 11</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>IEC</i>	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight <u>3.03</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop		
Heart rate <u>291</u> 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 <u>0.09</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size	
LVIDd <u>1.55</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LVPWd <u>0.29</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
IVSs <u>0.78</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
LVIDs <u>0.75</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LVPWs <u>0.77</u>	<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 <u>52%</u>		If yes, LV outflow tract flow velocity (Doppler) _____	
Ao <u>0.9</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LA <u>1.2</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles	
LA/Ao <u>1.3</u>		<input checked="" type="checkbox"/> Normal	
Assessment (based on phenotype)			
<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		Comments	
Veterinarian		Veterinarian's name, clinic's name and address	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Anna Tidholm Leg. Vet	
Signature <i>[Signature]</i> Date <i>20160811</i>		<i>ACBANO</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