




# 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 <b>VIRGINIE JOST</b>
Cat's registered name <b>GATINA ASHA DE LEINOYA</b>		Address <b>3 rue de NORMANDIE</b>
Registration number <b>LOOF 2011.18621</b>		Post code/City/State <b>68600 OBERSAASHEIM</b>
ID number, microchip or tattoo <b>250 269 801 764 424</b>		Country <b>FRANCE</b>
Breed of cat <b>NORWEGIAN FOREST CAT</b>		Phone (including country code) <b>+33 6 81 10 08 69</b>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <b>JOST-H@WANADOO.FR</b>
Born (year-month-day) <b>2011-07-26</b>		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. <b>Signature</b>  <b>Date</b> <b>08/08/13</b>
Sire <b>STERRONKATTEN'S ZEUS</b>		
Dam <b>DARLINE DU SOLEIL DE MINUIT</b>		
<b>Examination</b>		Examination date (year-month-day) <b>2013-08-09</b>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <b>Stetho pro sound 2</b>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <b>3.7</b> kg Heart rate <b>140</b> bpm	Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur, characteristics Grade: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input type="checkbox"/> Left apex (sternum) <input checked="" type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
IVSd <b>3.9</b> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input 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 <b>14.8</b> <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
LFWd <b>4.3</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		If yes, LV outflow tract flow velocity (Doppler) _____
IVSs <b>8.6</b> <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 <b>8.2</b> <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
LFWs <b>7.6</b> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <b>44.7%</b>		
Ao <b>7.6</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <b>10</b> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <b>1.32</b>		
<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>ALAN KOVACEVIC</b> <b>UNIVERSITY BERN</b> <b>LABORASSISTANCE 12P</b> <b>CH -3012 BERN</b>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Signature <b>Alan Kovacevic</b> Date <b>9.8.2013</b>		

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 BÖRLÅNGE, Sweden