




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 V Walch |
| Cat's registered name Fiordigatto Adam | | Address |
| Registration number LO-AGI 559 | | Post code/City/State Berlin |
| ID number, microchip or tattoo 981100002155519 | | Country Germany |
| Breed of cat Norwegian Forest Cat | | Phone (including country code) |
| <input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered | | Email info@vom-kleinen-kastell.de |
| Born (year-month-day) 2009-02-19 | | 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 2011-05-31 |
| Sire Jordan's Aram | | |
| Dam Agrestia's Emy | | |
| Examination | | |
| Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination date (year-month-day) 2011-05-31 |
| On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No | | Examination equipment GE Vivid I 7 MHz |
| Weight <u>6,13</u> kg Heart rate <u>176</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____ | Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static 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>0,36</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>2,43</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>0,38</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>0,71</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>1,37</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>0,66</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>43,6%</u> Ao <u>1,14</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>1,27</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1,11</u> | Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Papillary muscles <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 _____ | | Foramen ovale persitent |
| 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 _____ Signature _____ Date 2011-05-31 | |  KARDIOLOGISCHE TIERARZTPRAXIS <small>Dr. med. vet. Robert Höpfer</small> Große Seestraße 121 - 13086 Berlin T: 030 912 053 15 - F: 030 912 053 16 |

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 BORLÄNGE, Sweden