



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>Inga-Lill Serrin Jarl / Mats Eriksson</i>
Cat's registered name <i>IC DK* Killix Feliciano</i>		Address <i>Tingsgatan 5 + 3</i>
Registration number <i>LO 260530</i>		Post code/City/State <i>242 31 HÖRBY</i>
ID number, microchip or tattoo <i>2082 1399 0030 928</i>		Country <i>Sverige</i>
Breed of cat <i>NFO</i>		Phone (including country code) <i>+46 415 14456, +46 709778161</i>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>ingalill@etconsortez.se</i>
Born (year-month-day) <i>2009-05-27</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 <i>[Signature]</i> Date <i>1/5-11</i>
Sire <i>FIN* Dunderkattens Sigurd</i>		
Dam <i>DK* Killix Pippi</i>		Examination date (year-month-day) <i>2011-05-11</i>
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>Vivid 7 pro</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>7.22</i> kg Heart rate <i>180</i> 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 <i>372</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>20.04</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>390</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>887</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>1964</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>798</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>47%</i> Ao <i>1082</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>11.18</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.51</i>	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) <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 Signature <i>[Signature]</i> Date <i>2011-05-01</i>		Din Veterinär Smådjurskliniken Ekvändan 2 254 67 HELSINGBORG Tel. 042-20 20 00, Fax 042-20 20 01

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