




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>Zuther</i>
Cat's registered name <i>MARCELLA - MEREDITH OF SILVER-WHITE HIGHLANDS</i>	Address <i>Bramfelder Weg 689</i>	
Registration number <i>27367</i>	Post code/City/State <i>22159 Hamburg</i>	
ID number, microchip or tattoo <i>276094500165846</i>	Country <i>Hamburg</i>	
Breed of cat <i>BRITISH LONGHAIR (BLH)</i>	Phone (including country code) <i>040 / 18041690</i>	
<input type="radio"/> Male <input checked="" type="radio"/> Not altered <input checked="" type="radio"/> Female <input type="radio"/> Altered	Email <i>dreams-of-britannica@gmx.de</i>	
Born (year-month-day) <i>2015-09-04</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>Dyane Zuther</i> Date	
Sire <i>GERONIMO VON KIESBERG</i>		
Dam <i>LADY CHEYENNE VON JESTER'S LOWLAND</i>		
Examination		Examination date (year-month-day) <i>2017-04-11</i>
Sedated <input type="radio"/> Yes, with: <input checked="" type="radio"/> No	Examination equipment <i>Vivid i, GE</i>	
On medication <input type="radio"/> Yes, with: <input checked="" type="radio"/> No	<i>75</i>	
Weight <u><i>3,7</i></u> kg Heart rate <u><i>170</i></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><i>4,3</i></u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u><i>13,3</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u><i>4,6</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u><i>6,2</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u><i>7,3</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u><i>6,3</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u><i>44,7%</i></u> Ao <u><i>6,5</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u><i>8,7</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u><i>7,3</i></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		
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>Dr. N. Sameluck</i> Date <i>11.04.2017</i>		 Praxis für KLEINTIERKARDIOLOGIE Dr. med. vet. Nicole Sameluck Krähenweg 5 22459 Hamburg
For registration of the result, the veterinarian shall send a copy of this form to: PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden		