



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 [REDACTED]
Cat's registered name Ginger from Britanzi		Address [REDACTED]
Registration number [REDACTED]		Post code/City/State [REDACTED]
ID number, microchip or tattoo [REDACTED]		Country Germany
Breed of cat BKH		Phone (including country code) [REDACTED]
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email [REDACTED]
Born (year-month-day) 05.04.2020		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: [REDACTED] Date: 26.02.21
Sire Neelix von den Nachträubern		
Dam Erika from Britanzi		
Examination		Examination date (year-month-day) 2021-02-26
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment ultra-i
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>4,5</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>160</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>3,7</u> <input type="checkbox"/> cm <input 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 <u>15,3</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input type="checkbox"/> no
LVFWd <u>3,7</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____
IVSs <u>5,7</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input type="checkbox"/> no
LVIDs <u>8,8</u>	<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
LVFWs <u>6,8</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>43%</u>		
Ao <u>10,3</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA <u>11,1</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA/Ao <u>1,1</u>		
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 R. Freistedt	Date 26.02.2021	Fachtlerarztpraxis Dr. R. Freistedt und Kollegen Paradiesweg 1, 16348 Wandlitz Tel. 033396 870660 Fax: 030 94417333 RFreistedt@web.de

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