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

Cat's registered name: Al Janna's Don Juan

Registration number: CU-BEN 160816 02 996

ID number, microchip or tattoo: 270693400665987

Breed of cat: Bengal

☒ Male ☐ Not altered
☐ Female ☐ Altered

Born (year-month-day): 16.08.2016

Sire: W SGC Fraservalley Denalis Thunder

Dam: Al Janna's Kenia

Owner

Owner's name: Eva-Maria Wobst

Address: Prof.-Oberdorf-Siedlung 1

Post code/City/State: 06406 Bernburg

Country: Deutschland

Phone (including country code): 03471/350050

Email: e.wobst@gmx.de

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 Eva-M. Wobst **Date** 30.11.2019

Examination

Examination date (year-month-day): 2019-11-30

Sedated: ☐ Yes, with: ☒ No

Examination equipment: GE Vivid I 7 MHz Probe

On medication: ☐ Yes, with: ☒ No

Weight: 6,5 kg

Heart rate: 176 bpm

☐ Dehydrated ☐ Pregnant
☐ Lactating ☐ Other, describe

Auscultation:
☒ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

IVSd	4,2	☐ cm ☒ mm	☒ M-mode	☐ 2-D
LVIDd	17,7		☒ M-mode	☐ 2-D
LVFWd	4,7		☒ M-mode	☐ 2-D
IVSs	7,5		☒ M-mode	☐ 2-D
LVIDs	9,3		☒ M-mode	☐ 2-D
LVFWs	7,1		☒ M-mode	☐ 2-D
SF	47%			
Ao	10,7		☐ M-mode	☒ 2-D
LA	13,0		☐ M-mode	☒ 2-D
LA/Ao	1,21			

Subjective left atrial size
☒ Normal
☐ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☒ no

Papillary muscles
☒ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments: -/-

Veterinarian

PawPeds' examination instructions has been followed
Cat's identity verified ☒ yes ☐ no, describe why not

Signature [signature] **Date** 2019-11-30

Veterinarian's name, clinic's name and address
Dr. Robert Hoepfner

KLEINTIER SPEZIALISTEN
ÜBERWEISUNGSZENTRUM
Wittestraße 30P 13[illegible] Berlin
T: 030 [illegible] F: 030 [illegible]

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 BORLÄNGE, Sweden