



# 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

<b>Patient Information</b>		Owner's name Wobst Eva-Maria
Cat's registered name Mainstreet Hot Carrena		Address Prof.-Oberdorf-Siedlung 1
Registration number SBT 021813 011		Post code/City/State 06406 Bernburg
ID number, microchip or tattoo 276094100186500		Country Deutschland
Breed of cat Bengal		Phone (including country code) 03471/350050
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email e.wobst@gmx.de
Born (year-month-day) 18.02.2013		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. <b>Signature</b> <i>Eva-M. Wobst</i> <b>Date</b> 23.03.2019
Sire RW SGC Mainstreet Lonestar		
Dam Menstreet Chablis		
<b>Examination</b>		Examination date (year-month-day) 2019-03-23
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>GE Vivid I 7 MHz probe</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>4,2</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate _____ bpm	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
IVSd <u>3,6</u> <input type="checkbox"/> cm <input checked="" 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 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
LVIDd <u>16,1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVPWD <u>4,0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
IVSs <u>6,8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVIDs <u>5,3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVPWs <u>8,8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>67%</u>		
Ao <u>9,8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>14,1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1,43</u>		
<b>Assessment (based on phenotype)</b>		Comments <i>/</i>
<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		
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address <i>ROBERT HOPFNER</i>
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		 KLEINTIER SPEZIALISTEN ÜBERWEISUNGSZENTRUM Wittestraße 20P 13500 Berlin T: 030 43 66 22 00 F: 030 43 66 22 02
Signature <i>[Signature]</i> Date 2019-03-23		

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