




# 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 Miley vom Weinberg		Address Prof.-Oberdorf-Siedlung 1	
Registration number KVL-01-040128/2017-w		Post code/City/State 06406 Bernburg	
ID number, microchip or tattoo 953000010317762		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) 05.10.2017		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.	
Sire Al Janna's Don Juan			<b>Signature</b>
Dam Mainstreet Hot Carrena			<b>Date</b>
<b>Examination</b>		Examination date (year-month-day) 2018-11-24	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment GE vivid I probe, 7Mhz	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight <u>4,0</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop		
Heart rate <u>200</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>3,6</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		
LVIDd <u>13,9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal		
LVPWd <u>3,9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement		
IVSs <u>7,3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement		
LVIDs <u>7,3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement		
LVPWs <u>5,7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
SF <u>47,4%</u>	If yes, LV outflow tract flow velocity (Doppler) _____		
Ao <u>9,3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
LA <u>10,9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles		
LA/Ao <u>1,17</u>	<input checked="" type="checkbox"/> Normal		
	<input type="checkbox"/> Abnormal, moderate enlargement		
	<input type="checkbox"/> Abnormal, severe enlargement		
<b>Assessment (based on phenotype)</b>	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	<b>Recheck with an age of 3 years recommended</b>		
<b>Veterinarian</b>	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  <b>Signature</b> _____ <b>Date</b> _____	Dr. Robert Höpner Diplomate ECVIM-CA (Cardiology) Fachtierarzt für Kardiologie   <b>KLEINTIER SPEZIALISTEN</b> UBERWEISUNGSZENTRUM Wittestraße 30P 13509 Berlin T: 030 43 66 22 00 F: 030 43 66 22 02		

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 BORLÄNGE, Sweden