



# 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 Tiffany vom Weinberg		Address Prof.-Oberdorf-Siedlung 1
Registration number 2KVL-01-034619/2016-w		Post code/City/State 06406 Bernburg
ID number, microchip or tattoo 953000010265907		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) 108.02.2016		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> _____ <b>Date</b> 30.11.2019
Sire Paradiseapple Ukka		
Dam Mainstreet Hot Carrena		
<b>Examination</b>		Examination date (year-month-day) 2019-11-30
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment GE Vivid I 7 MHz probe
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>4,6</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>172</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>9,0</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	
LVIDd <u>14,4</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	
LVPWd <u>4,0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
IVSs <u>8,2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDs <u>7,7</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	
LVPWs <u>6,4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>47%</u>		
Ao <u>8,6</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>1,28</u>		
<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>Veterinarian</b>		Veterinarian's name, clinic's name and address ROBERT HÖYFNER
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> 2019-11-30		 KLEINTIER SPEZIALISTEN ULTRASCHALLZENTRUM 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, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden