



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 <u>JOHAN KARLSSON</u>
Cat's registered name <u>DANIEL D AUS DEM WUSSELLAND</u>		Address <u>MASPELÖSA BRUNNSTORP</u>
Registration number <u>LO 319289</u>		Post code/City/State <u>59076 Vreta kloster</u>
ID number, microchip or tattoo <u>2760 98 10 6071485</u>		Country <u>Sweden</u>
Breed of cat <u>NFO</u>		Phone (including country code) <u>+46 70 888 3635</u>
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <u>j-m-k@lme.se</u>
Born (year-month-day) <u>2015 03 12</u>		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 _____ Date <u>20160415</u>
Sire <u>Sx Fridoles GASTON (LO300180)</u>		
Dam <u>GIL HARMONY AUS DEM WUSSELLAND</u>		Examination date (year-month-day) <u>20160415</u>
Examination		Examination equipment <u>PHILIPS CX50</u>
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment <u>PHILIPS CX50</u>
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>4.22</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static 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	
Heart rate <u>121</u> bpm	<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	
IVSd <u>4.5</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>16.9</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWd <u>4.3</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>10.1</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVFWs <u>6.5</u>	<input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <u>40.3</u>		
Ao <u>9.7</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA <u>10.1</u>	<input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LA/Ao <u>1.0</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 LENNART NILSFORS Leg. veterinär Tfn 0709-79 88 61
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature _____ Date <u>2016 0415</u>		

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