



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
Cat's registered name	SE*Torplyckans Ebba	Johan & Melanie Karlsson
Registration number	(SE) SVERAK 10 297062	Address Maspilösa Brunnstorp
ID number, microchip or tattoo	9680000 100 11573	Post code/City/State 59076 Vreta kloster
Breed of cat	Norsk Skogskatt	Country Sverige
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) +46 1363635
Born (year-month-day) 2013-05-01		Email j-m-k@live.se
Sire RUNNIG URBAN JR		I have read PawPeds' instructions for HCM screening and are aware that I must inform the examiner about my cat's 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.
Dam GULLENSTRÄLLEN DIONA		Signature Date 140901
Examination		Examination date (year-month-day) 2014 09 01
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment PHILIPS CX50
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight 3.8 kg Heart rate 168 bpm	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	
IVSd 3.7 cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 14.4 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 3.1 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 8.9 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 38.2 Ao 7.9 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 8.3 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.1	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	
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
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Signature Date 140901		LENNART NILSFORS Leg. veterinär Tfn 0709-79 88 61

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