



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 Boris Ehret
Cat's registered name Spice Basie	Address Kneubühl 3	
Registration number SBT 022610 027	Post code/City/State 6208 Oberkirch	
ID number, microchip or tattoo 756038100476969	Country Schweiz	
Breed of cat Bengal	Phone (including country code) +41 79 293 86 75	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered	Email b.ehret@bluewin.ch	
Born (year-month-day) 26 Feb 2010	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 Spice Estragon	Signature B. Ehret	Date 23. Jan 2020
Dam Kalanikats Chanel of Spice		
Examination		Examination date (year-month-day) 2020-01-23
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment Vivid 9	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>5.1</u> kg BCS <u>5/9</u> Heart rate <u>196</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input checked="" type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input type="checkbox"/> Left apex (sternum) <input checked="" type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
ECG Heart Frequency <u>178</u> IVSd <u>4.6</u> <input checked="" type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <u>15.8</u> LVFWd <u>4.6</u> IVSs <u>8.1</u> LVIDs <u>6.1</u> LVFWs <u>7.9</u> SF <u>61%</u> Ao <u>10.0</u> LA <u>13.2</u> LA/Ao <u>1.32</u>	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) <u> </u> 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) <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	Comments Normal systolic and diastolic cardiac function Blood flow Aorta and Pulmonalis within normal (AO 1,15 m/s, PA 1,12 m/s)	
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Veterinary's signature J. Riesen Date 2020-1-23	Veterinarian's name, clinic's name and address KardioVet	

For registration of the result, the veterinarian shall send a copy of this form to Simone Jenni Dr. med. vet. Resident ECVIM PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden Dr. med. vet. PhD. Dipl. ECVIM