




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 Lemon Zest		Address Kneubühl 3
Registration number BTCC 030221 008		Post code/City/State 6208 Oberkirch
ID number, microchip or tattoo 756097201013426		Country Switzerland
Breed of cat Bengal		Phone (including country code) +41 79 293 86 75
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email b.ehret@bluewin.ch
Born (year-month-day) 02 March 2021		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 2022-3-17
Sire Vom Karwendelberg Monte Carlo of Spice		
Dam RW SGC Spice Lemon Grass		
Examination		Examination date (year-month-day) 2022-03-17
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Vivid i9
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>3,8</u> kg BCS <u>4</u> Heart rate <u>184</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>183</u> IVSd <u>4,2</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13,4</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4,2</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D IVSs <u>7,4</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>6,8</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7,3</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>50%</u> Ao <u>8,2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA <u>9,6</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LA/Ao <u>1,18</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) _____ 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 <u>Normal aortic and pulmonary blood flow (A_omax 0,88m/s, PA_omax 0,83m/s). Heart within normal.</u>
<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 _____		
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 _____ Date 2022-3-17		Veterinarian's name, clinic's name and address  KardioVet
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		