



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 Aqua-Cat's Granini		Address Schäferwinkel 19a
Registration number WCC e.V. 010317/11/142		Post code/City/State 39164 Wanzleben OT Groß Rodensleben
ID number, microchip or tattoo 990000000435041		Country Deutschland
Breed of cat Maine Coon		Phone (including country code) 039293-289970
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email anja_czernia@hotmail.com
Born (year-month-day) 2017-03-01		I have read PawPeds' instructions for HCM screening. I am 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 by PawPeds and that they will handle my personal data. I authorize PawPeds to publicly release the results from this form. Signature _____ Date _____
Sire Gr.Eu.Ch.TICA Ch. Aqua-Cat's Optimus Prime		
Dam Aqua-Cat's Indiana		
Examination		Examination date (year-month-day) 04.06.2019
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment ESaBe Meylab
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight 6.3 kg BCS 4 Heart rate 180 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____		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 _____
ECG Heart Frequency 160 IVSd 9.4 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 15.7 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.6 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 6.8 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 10.9 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 7.5 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 42° Ao 9.6 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 10.4 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.08		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) <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 Im kardultrasonell konnten keine pathologischen Befunde erhoben werden. Hinweis für HCM/RCM gibt es nicht
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 04.06.19		Veterinarian's name, clinic's name and address Tiermedizinisches Versorgungszentrum Magdeburg Ebendorfer Str. 39 39108 Magdeburg Tel. 0391/7318640 FAX 0391/7318630

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