



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 Anja Czernia | |
| Cat's registered name Aqua-Cat's Hazelnut | | Address Schäferwinkel 19a | |
| Registration number WCC e.V. 040617/17/142 | | Post code/City/State 39164 Groß Rodensleben | |
| ID number, microchip or tattoo 990000001690225 | | 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) 2017-06-04 | | 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 <i>Gemeig</i> 29.01.19 | |
| Sire The Candy Cookie's Tarabas | | | |
| Dam Ch. Aqua-Cat's Zafira | | | |
| Examination | | Examination date (year-month-day) 29.01.2019 | |
| Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination equipment <i>Esack Mylab Eliss C</i> | |
| On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | | |
| Weight <u>50</u> kg BCS <u>4</u> Heart rate <u>180</u> 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 <u>220</u> IVSd <u>4,6</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>15,3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4,6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6,1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7,8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7,3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>49°10</u> Ao <u>7,9</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>1,29</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 <i>Im Kontrast echgen sind keine Anteile für RCM oder RCM</i> | |
| PawPeds' examination instructions has been followed Cat's identity verified <input type="checkbox"/> yes <input type="checkbox"/> no, describe why not | | Veterinarian's name, clinic's name and address Tiermedizinisches Versorgungszentrum Magdeburg Ebendorfer Str. 39 39108 Magdeburg Tel. 0391/7318640 FAX 0391/7318630 | |
| Veterinary's signature <i>[Signature]</i> | | Date 29.01.2019 | |

For registration of the result, the veterinarian shall send a copy of this form to:
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bänsa, SE-781 95 BORLÄNGE, Sweden