



# 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

<b>Patient Information</b>		Owner's name Anja Czernia
Cat's registered name Bluetowncats Idefix		Address Schäferwinkel 19a
Registration number C4U MC 271216008		Post code/City/State 39164 Groß Rodensleben
ID number, microchip or tattoo 941000019763323		Country Germany
Breed of cat Maine Coon		Phone (including country code) 39293-289970
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email anja_czernia@hotmail.com
Born (year-month-day) 2016-12-27		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.  <b>Signature</b> _____ <b>Date</b> 10.10.17
Sire Gr.Eu.Ch. Villi Bluetowncats		
Dam Int.Ch. Helena of Brenda's Garden		
<b>Examination</b>		Examination date (year-month-day) 10.10.2017
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Esack Mylab class C
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>5.7</u> kg    BCS <u>4</u> Heart rate <u>160</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>✓</u> IVSd <u>4.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>12.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>3.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>8.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>54.0</u> Ao <u>9.7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>9.7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.00</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	
<b>Assessment (based on phenotype)</b>		Comments Im Kuratthwechsel zeigten sich keine Hinweise für HCM oder RCM
<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 _____  <b>Veterinary's signature</b> _____ <b>Date</b> 10.10.17		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 BORLÄNGE, Sweden