



# 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 Aqua-Cat's Zafira		Address Schäferwinkel 19a
Registration number DE-0235-07-2015-657MCO		Post code/City/State 39164 Groß Rodensleben
ID number, microchip or tattoo 990000000435050		Country Deutschland
Breed of cat Maine Coon		Phone (including country code) 039293-289970
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email anja_czernia@hotmail.com
Born (year-month-day) 2015-11-28		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> 04.07.16
Sire Europa Ch. Aqua-Cat's Optimus Prime		
Dam Int.Ch. Aqua-Cat's Mystique Rose		
<b>Examination</b>		Examination date (year-month-day) 04.07.2016
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Escorta Mylab 80
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		
Weight <u>140 g</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>42</u> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____	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 _____	
IVSd <u>33</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size <input checked="" type="checkbox"/> Normal	
LVIDd <u>21</u> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
LVPWd <u>31</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
IVSs <u>5.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LVIDs <u>9.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVPWs <u>6.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
SF <u>46.0</u>	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Ao <u>7.8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal	
LA <u>10.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input type="checkbox"/> Abnormal, moderate enlargement	
LA/Ao <u>1.27</u>	<input type="checkbox"/> Abnormal, severe enlargement	
<b>Assessment (based on phenotype)</b>	Comments Im Herultraschall könnte keine pathologischen Veränderungen festgestellt werden. Hinweis für RCM oder RLV gibt es nicht	
<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 _____		
<b>Veterinarian</b>		Veterinarian's name, clinic's name and address Tierärztliche Klinik für Kleintiere Dr. J. Leppelt & Dr. K. Schneider Ebendorfer Straße 39 · 39108 Magdeburg Tel.: 0391-7318640 · Fax: 0391-7318630 E-mail: tierklinik.magdeburg@web.de
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
<b>Signature</b> _____ <b>Date</b> 04.07.2016		

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