



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 Daniella Forslund
Cat's registered name IC S*Kazol's Fröken Jasmine		Address Rådhusgatan 39 A
Registration number LO 269357		Post code/City/State 852 32 Sunsdvall
ID number, microchip or tattoo 752098100519604		Country Sweden
Breed of cat SIB		Phone (including country code) +46 60 152075
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email daniella.forslund@telia.com
Born (year-month-day) 2010-07-13		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>Daniella Forslund</i> 20140120
Sire GIC S*Bjaro's Harald Blåtand		
Dam CH S*Nikopeja's Hiram Chudo		
Examination		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) 20140120
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment PHILIPS CX50
Weight <u>4.0</u> kg Heart rate <u>185</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 _____	
IVSd <u>4.4</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>13.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7.9</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>41.1</u> Ao <u>8.4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>9.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.1</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 checked="" type="checkbox"/> yes <input 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
<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 _____		
Veterinarian		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____ Signature _____ Date _____ <i>[Signature]</i> 2014 0120		LENNART NILSFRORS Lg. veterinär Tfn 0709-73 88 61

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