



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 Roseanne och Daniella Forslund	
Cat's registered name Beno Sibimira*BG		Address Rådhusgatan 39 A	
Registration number (SE) SVERAK RX 333549		Post code/City/State 852 32 Sundsvall	
ID number, microchip or tattoo 752098160824668 941000016927665		Country Sverige	
Breed of cat Sibirisk katt		Phone (including country code) 070-229 20 75 / 076-8222621	
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email roseanne.forslund@telia.com	
Born (year-month-day) 2016-12-01		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 <i>[Signature]</i> Date 200508	
Sire ES*Siestadream Titan			
Dam Astra Sibimira*BG			
Examination		Examination date (year-month-day) 20200508	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment PHILIPS CX50	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No			
Weight <u>5.1</u> kg BCS <u>6</u> Heart rate <u>204</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 _____ IVSd <u>6.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>14.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.5</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>8.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>40.0</u> Ao <u>9.5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>12.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.3</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		
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	
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 <i>[Signature]</i> Date 20200508		Veterinarian's name, clinic's name and address LENNART NILSFORS Leg. veterinär Tfn 0709-79 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 BÖRLÄNGE, Sweden