



# 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 Roseanne & Daniella Forslund
Cat's registered name Beno Sibimira*BG		Address Rådhusgatan 39A
Registration number RX333549		Post code/City/State 85232 Sundsvall
ID number, microchip or tattoo 941000016927665		Country Sverige
Breed of cat SIB		Phone (including country code) 0702292075
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Not altered <input type="checkbox"/> Female <input checked="" type="checkbox"/> Altered		Email roseanne.forslund@telia.com
Born (year-month-day) 2016-07-05		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. <b>Signature</b> <i>Daniella Forslund</i> <b>Date</b> 14/10-22
Sire IC Siestadream Titan		
Dam IC NW Astra Sibimira		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 20221014
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment PHILIPS 4050
Weight <u>6.6</u> kg    BCS <u>6.7</u> Heart rate <u>195</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>4.3</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>3.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>5.6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>2.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>54.2</u> Ao <u>11.1</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>11.8</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 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
<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> <i>[Signature]</i> <b>Date</b> 2022		Veterinarian's name, clinic's name and address <b>LENNART NILSFORS</b> 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		