



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 o Daniella Forslund
Cat's registered name Goryana Verooka*BFC-BY		Address Rådhusgatan 39 A
Registration number (SE) RX 294781		Post code/City/State 852 32 Sundsvall
ID number, microchip or tattoo 112098100017545		Country Sverige
Breed of cat Sibirisk katt		Phone (including country code) +46 70 2292075
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email roseanne.forslund@telia.com
Born (year-month-day) 2012-09-29		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 <i>Roseanne Forslund</i> Date 17-09-22
Sire Dobroslav Chingi-Tura		
Dam Izhitsa Zaimka		
Examination		Examination date (year-month-day) 20170922
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>6.3</u> kg BCS <u>8</u> Heart rate <u>152</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>4.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.4</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>3.3</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>4.9</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>9.4</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>48.1</u> Ao <u>9.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>9.6</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	
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 17-09-22		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, Ängsmyrvägen 1 Bäsna, SE-781 95 BÖRLÄNGE, Sweden