



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 Thomas Sibirela*BG		Address Kungsvägen 135
Registration number SVERAK LO 394372		Post code/City/State 861 35 Timrå
ID number, microchip or tattoo 100240000027235		Country Sweden
Breed of cat Siberian		Phone (including country code) +46 702292075
<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) 2021-04-22		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 30/6-25
Sire CH Epic MiuMiuClub*RU		
Dam Eseniya Verooka* BFC-BY		
Examination		Examination date (year-month-day) 2025-06-18 30
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination/equipment <i>Philips Epic CX</i>
On medication <input type="checkbox"/> Yes, with: (<i>FATT CARBAPENEM</i>) <input checked="" type="checkbox"/> No		
Weight <i>6.86</i> kg BCS <i>6/9</i> Heart rate <i>216</i> 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 <i>216</i> IVSd <i>6.41</i> <input type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>12.2</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>6.41</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>2.93</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>9.00</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>3.78</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>42.7</i> Ao <i>9.19</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>20.61</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>2.2</i>		Subjective left atrial size <input type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input checked="" type="checkbox"/> Severe enlargement Systolic anterior motion of the mitral valve <input checked="" type="checkbox"/> yes <input 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)		Comments <i>Kraftig HCM vid dagens US</i>
<input type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input checked="" type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input checked="" 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 Veterinary's signature <i>[Signature]</i> Date 30/6-25		Veterinarian's name, clinic's name and address Ingrid Ljungvall Leg. veterinär, Docent Dipl. ECVIM-CA (kard)
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 BORLÄNGE, Sweden		

Thomas
 578806