



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 & Daniella Forslund
Cat's registered name Thomas Sibirela*BG		Address Rådhusgatan 39 A
Registration number (SE)SVERAK LO 394372		Post code/City/State 852 32 Sundsvall
ID number, microchip or tattoo 100240000027235		Country Sweden
Breed of cat Siberian Cat		Phone (including country code) +46 (0)70-2292075 / +46 (0)76-8222621
<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) 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 <i>20220408</i>
Sire CH Epic MiuMiuClub*RU		
Dam IC Eseniya Verooka*BFC-BY		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>20220408</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>PHILIP CX50</i>
Weight <i>5,4</i> kg BCS <i>5</i> Heart rate <i>228</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 _____ IVSd <i>5.0</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>14.8</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>4.7</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <i>6.4</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <i>2.8</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <i>9.1</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <i>42.4</i> Ao <i>10.9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>12.4</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.2</i>	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 <i>20220408</i>		
		Veterinarian's name, clinic's name and address LENNART NILSFORS Läkarelinjen 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 BORLÄNGE, Sweden		