




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

578806
THOMAS

Patient Information		Owner's name Roseanne och Daniella Forslund
Cat's registered name Thomas Sibirela*BG	Address Rådhusgatan 39 A	
Registration number LO 394372	Post code/City/State 852 32 Sundsvall	
ID number, microchip or tattoo 10024000027235	Country Sverige	
Breed of cat Siberian	Phone (including country code) +46 70 229 20 75	
<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 _____ Date _____ 	
Sire Epic MiuMiuClub*RU		
Dam Eseniya Verooka* BFC-BY		
Examination		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2023-04-17
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment Philips EPIQ7
Weight <u>5.6</u> kg BCS <u>6/9</u> Heart rate <u>206</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe _____	Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input checked="" type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input type="checkbox"/> Left apex (sternum) <input checked="" type="checkbox"/> Left Base <input type="checkbox"/> Other, describe _____	
ECG Heart Frequency <u>264</u> IVSd <u>3.4</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>16.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>6.1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>6.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>9.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>58/60</u> Ao <u>10.9</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>13.5</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.24</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 checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) <u>3.0</u> End-systolic cavity obliteration <input checked="" type="checkbox"/> yes <input type="checkbox"/> no Papillary muscles <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
Assessment (based on phenotype)		Comments
<input type="checkbox"/> Normal <input type="checkbox"/> Equivocal <input checked="" type="checkbox"/> HCM <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> RCM <input type="checkbox"/> Other, describe _____		Ser ut att vara en blandning mellan HCM och den endomyokardiala varianten av RCM
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 _____ Date <u>17/4-23</u>		
		Veterinarian's name, clinic's name and address Jens Häggström leg veterinär, professor, dipl ECVIM-CA (card)

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