



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 (N)Nordskjæret's Runa		Address Rådhusgatan 39 A
Registration number (SE)SVERAK LO 396875		Post code/City/State 852 32 Sundsvall
ID number, microchip or tattoo 578098100764497		Country Sweden
Breed of cat Siberian Cat		Phone (including country code) +46 (0)70-2292075 / +46 (0)76-8222621
<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) 2021-07-09		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>Roseanne Forslund</i> Date 3/7-2022 <i>Daniella Forslund</i>
Sire CH (N)Snurribart's Pavlov		
Dam NO*Lindviksmoen Pootchie		
Examination		Examination date (year-month-day) 20220704
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment PHILIP (850)
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>3.8</u> kg BCS <u>4</u>	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	
Heart rate <u>157</u> bpm		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
ECG Heart Frequency _____	Subjective left atrial size	
IVSd <u>3.7</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LVIDd <u>16.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
LVFWd <u>7.7</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
IVSs <u>6.1</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LVIDs <u>10.5</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVFWs <u>5.2</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
SF <u>34.9</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Ao <u>8.7</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles	
LA <u>10.0</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LA/Ao <u>1.2</u>	<input type="checkbox"/> Abnormal, moderate enlargement	
		<input type="checkbox"/> Abnormal, severe enlargement
Assessment (based on phenotype)		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		Veterinarian's name, clinic's name and address LENNART NILSFORS Leg. veterinär Tfn 0709-79 88 61
Veterinary's signature <i>[Signature]</i> Date 2022 0704		
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 BORLÄNGE, Sweden		