



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

16/4373
Loppay

Patient Information		Owner's name
Cat's registered name S*Tigerögas Upalite		Johanna Grebner
Registration number Sverak LO 321005		Address Kulstötärvägen 18
ID number, microchip or tattoo 968000010377424		Post code/City/State 122 40 Enskede
Breed of cat NFO		Country Sweden
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) +46 8 659 00 96
Born (year-month-day) 2015-08-27		Email johanna@grebner.se
Sire S*Tigerögas Tazzoliit		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 _____ Date 2016-09-16
Dam S*Tigerögas Sunrise of Lynx-Lair		
Examination		Examination date (year-month-day) 2016-09-16
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment philips IE37
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <u>4.5</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>165</u> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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	
IVSd <u>5.0</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Subjective left atrial size	
LVIDd <u>17.1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input checked="" type="checkbox"/> Normal	
LVPFWd <u>5.2</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Mild enlargement	
IVSs <u>6.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Moderate enlargement	
LVIDs <u>10.6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	<input type="checkbox"/> Severe enlargement	
LVPFWs <u>6.4</u> <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	
SF <u>38%</u>	If yes, LV outflow tract flow velocity (Doppler) _____	
Ao <u>11.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LA <u>12.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	Papillary muscles	
LA/Ao <u>1.1</u>	<input checked="" type="checkbox"/> Normal	
	<input type="checkbox"/> Abnormal, moderate enlargement	
	<input type="checkbox"/> Abnormal, severe enlargement	
Assessment (based on phenotype)		Comments Ny kall rökström i inom 1-2 år
<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		
Veterinarian		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		Ingrid B. Ljungvall leg. vet.
Signature _____ Date 16/9-16		

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