



# HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>  
 Visit <http://www.pawpeds.com/health> for more information

Patient Information		Stier, Martina	
Cat's registered name <b>ISA Bella von der Forch</b>		Maiacherstrasse 3	
Registration number <b>FFH LO 10517</b>		8127 Forch	
Thermochip® Cette puce d'identification suit ma température <b>756098502055021</b>		P: +41 79 208 19 96, P: +41 44 980 18 18	
Breed or cat <b>Britisch Kurzhaar</b>		<b>KG 2396773</b>	
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Katze, Britisch Kurzhaar, weiblich, 'ISA BELLA'	
Born (year-month-day) <b>2022/03/01</b>		01.03.2022 / 1J 0M	
Sire		Eintrittsdatum: 30.03.2023	
Dam <b>X</b>		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.	
Examination		Signature <b>[Signature]</b> Date <b>2023-03-30</b>	
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <b>2023-03-30</b>	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <b>Philips CP197</b>	
Weight <b>3.16</b> kg BCS <b>5/6</b>	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics		
Heart rate <b>128</b> bpm	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static		
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous		
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe		
ECG Heart Frequency <b>135</b>	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement		
IVSd <b>3.2</b> <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		
LVIDd <b>16.4</b> <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) _____		
LFWd <b>3.3</b> <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		
IVSs <b>5.6</b> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement		
LVIDs <b>9.4</b> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LFWs <b>5.2</b> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
SF <b>44%</b>			
Ao <b>9</b> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA <b>12</b> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D			
LA/Ao <b>1.33</b>			
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		Vetsuisse-Fakultät Universität Zürich Klinik für Kleintiermedizin Abteilung für Kardiologie Winterthurerstrasse 260 CH-8057 Zürich	
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	
Veterinary's signature <b>[Signature]</b> Date <b>2023-03-30</b>		Vetsuisse-Fakultät Univer: Klinik für Kleintiermedizin Abteilung für Kardiologie Winterthurerstrasse 260 CH-8057 Zürich	

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 BÖRLÄNGE, Sweden