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

Cat's registered name: KCH JCH Lisa von der Forch

Registration number: (CH) FFH LO 110256

ID number, microchip or tattoo: 756098502065166

Breed of cat: British Shorthair

☐ Male ☒ Not altered
☒ Female ☐ Altered

Born (year-month-day): 2024.04.20

Sire: SC Honey von der Forch

Dam: KCH GIC IE*IrishSnowflake Bee

Owner's name: Martina Stier

Address: Maiacherstrasse 3

Post code/City/State: 8127 Forch

Country: Switzerland

Phone (including country code): +41 79 208 1996

Email: tina.stier1963@gmail.com

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 NS **Date** 11.9.2025

Examination

Examination date (year-month-day): 2025-9-11

Sedated: ☐ Yes, with: ☒ No

Examination equipment: Philips EPIQ 7G

On medication: ☐ Yes, with: ☒ No

Weight 3.1 kg BCS 5/9

Heart rate 200 bpm

☐ Dehydrated ☐ Pregnant
☐ Lactating ☐ Other, describe

Auscultation:
☒ Normal ☐ Gallop
☐ Murmur, characteristics
Grade: I II III IV V VI ☐ Dynamic ☐ Static
Timing: ☐ Systolic ☐ Diastolic ☐ Both ☐ Continuous
Location: ☐ Left apex (sternum) ☐ Left Base ☐ Other, describe

ECG Heart Frequency 202

IVSd	0.36	☒ cm ☐ mm	☐ M-mode	☐ 2-D
LVIDd	1.4		☐ M-mode	☐ 2-D
LVFWd	0.43		☐ M-mode	☐ 2-D
IVSs	0.55		☐ M-mode	☐ 2-D
LVIDs	0.99		☐ M-mode	☐ 2-D
LVFWs	0.53		☐ M-mode	☐ 2-D
SF	29.1			
Ao	0.8		☐ M-mode	☐ 2-D
LA	1		☐ M-mode	☐ 2-D
LA/Ao	1.25			

Subjective left atrial size
☐ Normal
☒ Mild enlargement
☐ Moderate enlargement
☐ Severe enlargement

Systolic anterior motion of the mitral valve ☐ yes ☒ no

If yes, LV outflow tract flow velocity (Doppler) _____

End-systolic cavity obliteration ☐ yes ☒ no

Papillary muscles
☒ Normal
☐ Abnormal, moderate enlargement
☐ Abnormal, severe enlargement

Assessment (based on phenotype)

☒ Normal ☐ Equivocal
☐ HCM ☐ Mild ☐ Moderate ☐ Severe
☐ RCM
☐ Other, describe

Comments

PawPeds' examination instructions has been followed
Cat's identity verified ☒ yes ☐ no, describe why not

Veterinary's signature N. Sch. **Date** 25-9-11

Veterinarian's name, clinic's name and address
Dr. med vet Nora Schreiber

Vetsuisse-Fakultät Universität Zürich
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, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden

Rev 1.16 (en) 2018-05-27