



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 Martina Stier
Cat's registered name Honey von der Forch	Address Maiacherstrasse 3	
Registration number FFH LO 102298	Post code/City/State 8127 Forch	
ID number, microchip or tattoo 756098502039918	Country Switzerland	
Breed of cat British Shorthair	Phone (including country code) +41 79 208 1996	
☒ Male ☐ Not altered ☐ Female ☐ Altered	Email tina.stier1963@gmail.com	
Born (year-month-day) 2021-01-27	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>Ms</i> Date 28.1.2025	
Sire GIC. Benny von Aminta		
Dam GIC. Amy von Linsenviertel		
Examination		Examination date (year-month-day) 2025-01-28
Sedated ☐ Yes, with: ☒ No	Examination equipment Philips EPIQ 7	
On medication ☐ Yes, with: ☒ No		
Weight <u>6</u> kg BCS <u>5/9</u> Heart rate <u>180</u> 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 <u>151</u> IVSd <u>0.44</u> ☒ cm ☐ mm ☐ M-mode ☐ 2-D LVIDd <u>1.4</u> ☐ M-mode ☐ 2-D LVFWd <u>0.46</u> ☐ M-mode ☐ 2-D IVSs <u>0.74</u> ☐ M-mode ☐ 2-D LVIDs <u>0.93</u> ☐ M-mode ☐ 2-D LVFWs <u>0.75</u> ☐ M-mode ☐ 2-D SF <u>341</u> Ao <u>0.9</u> ☐ M-mode ☐ 2-D LA <u>1.3</u> ☐ M-mode ☐ 2-D LA/Ao <u>1.4</u>	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)		Comments
☒ Normal ☐ Equivocal ☐ HCM ☐ Mild ☐ Moderate ☐ Severe ☐ RCM ☐ Other, describe		
PawPeds' examination instructions has been followed Cat's identity verified ☒ yes ☐ no, describe why not Veterinary's signature <i>N. Schreiber</i> Date 25-01-28		Veterinarian's name, clinic's name and address Dr. med. Vet. Nora Schreiber Suisse-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, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden