



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 Stier, Martina
Cat's registered name TC Amy von Linsenviertel	Address Maiacherstrasse 3 8127 Forch H: +41 079 208 19 96	
Registration number FFH LO 88636	Post code	
ID number, microchip or tattoo DEU 098106093317	Country	
Breed of cat British shorthair	Phone (KG 2235907
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered	Email	Katze, British Shorthair, F, 'AMY' 25.03.2015 / 3J 6M
Born (year-month-day) 2015-3-25	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.	
Sire TC Oasis de la Fleur Hagiro	Signature <i>[Signature]</i>	Date Oct. 16, 2018
Dam CH Zza Zza Julie of Venus		
Examination		Examination date (year-month-day) 2018-10-16
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment Epiq 7G	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight 3.3 kg BCS _____	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics	
Heart rate 160 bpm	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	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		
ECG Heart Frequency _____	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 0.39 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input 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 1.29 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
LVPWd 0.33 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
IVSs 0.53 <input 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 1.13 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVPWs 0.56 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF 37		
Ao 0.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA 1.4 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA/Ao 1.55		
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 Vetsuisse-Fakultät Universität Zürich Klinik für Kleintiermedizin Abteilung für Kardiologie Winterthurerstrasse 260 CH-8057 Zürich	
Veterinary's signature <i>[Signature]</i>	Date Oct. 16, 2018	
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		