



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 Stier, Martina
Cat's registered name CH. Donna Filou von der Forch	Address Maiacherstrasse 3 8127 Forch	H: +41 079 208 19 96
Registration number FFH LO 93504	Post code/City/State	
ID number, microchip or tattoo CHE 756098100781610	Country	
Breed of cat British shorthair	Phone (including cot)	KG 2322018 Katze, Britisch Kurzhaar, F, 'DONNAFILOL 03.04.2017 / 1J 6M
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered	Email	
Born (year-month-day) 2017-4-3	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 W.CH.GR.EUCH Conintians of Silver Laisa	Signature [Signature]	Date Oct, 16, 2018
Dam IC Amy von Linsenvierstel		
Examination		Examination date (year-month-day) 2018-10-16
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment Epig 7G	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight 3.5 kg BCS 5/9 Heart rate 140 bpm	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics 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 0.31 <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 1.5 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
LVFWd 0.32 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
IVSs 0.50 <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 0.38 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LVFWs 0.50 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF 35		
Ao 0.9 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA 1.3 <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
LA/Ao 1.4		
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 [Signature]	Date Oct, 16, 2018	
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		