



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 SC. Isa Bella von der Forch		Address Maiacherstrasse 3	
Registration number FFH LO 105117		Post code/City/State 8127 Forch	
ID number, microchip or tattoo 756098502055021		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) 2022-03-01		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>[Signature]</i> Date 24.3.2026	
Sire SC. Honey von der Forch			
Dam CH. Aliviero Love Lisa			
Examination		Examination date (year-month-day) 2026-3-24	
Sedated ☐ Yes, with: ☒ No		Examination equipment Epiq7 Philips	
On medication ☐ Yes, with: ☒ No			
Weight <u>4.76</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 _____ IVSd <u>3.8</u> ☐ cm ☒ mm ☐ M-mode ☒ 2-D LVIDd <u>14</u> ☐ M-mode ☒ 2-D LVFWd <u>3.6</u> ☐ M-mode ☒ 2-D IVSs <u>6.8</u> ☐ M-mode ☒ 2-D LVIDs <u>7.9</u> ☐ M-mode ☒ 2-D LVFWs <u>5.8</u> ☐ M-mode ☒ 2-D SF <u>44%</u> Ao <u>10</u> ☐ M-mode ☒ 2-D LA <u>11</u> ☐ M-mode ☒ 2-D LA/Ao <u>1.1</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>[Signature]</i> Date 2026-3-24		Veterinarian's name, clinic's name and address Barbara F. F. F. 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