



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 Feusi Monika	
Cat's registered name Tapu's Anubis		Address Oltingerstr.16	
Registration number TCC ZBT BG 210722 008		Post code/City/State 4118 Rodersdorf	
ID number, microchip or tattoo 276095611104425		Country Switzerland	
Breed of cat Wildstylecats <i>Bengal</i>		Phone (including country code) 061 7311940	
☒ Male ☒ Not altered ☐ Female ☐ Altered		Email mofeu@bluewin.ch	
Born (year-month-day) 21.07.2022		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. Signature _____ Date <i>2023-5-10</i>	
Sire Magicforst Zeus			
Dam Calypso Benagl Roxy			
Examination		Examination date (year-month-day) <i>2023-5-10</i>	
Sedated ☐ Yes, with: _____ ☒ No		Examination equipment <i>Vivid i9</i>	
On medication ☐ Yes, with: _____ ☒ No			
Weight <i>4.55</i> kg BCS <i>5</i> Heart rate <i>188</i> 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 <i>168</i> IVSd <i>3.9</i> ☒ cm ☒ mm ☐ M-mode ☒ 2-D LVIDd <i>16.9</i> ☐ M-mode ☒ 2-D LVFWd <i>3.9</i> ☐ M-mode ☒ 2-D IVSs <i>6.9</i> ☐ M-mode ☒ 2-D LVIDs <i>7.3</i> ☐ M-mode ☒ 2-D LVFWs <i>7.1</i> ☐ M-mode ☒ 2-D SF <i>57%</i> Ao <i>9.4</i> ☐ M-mode ☒ 2-D LA <i>10.2</i> ☐ M-mode ☒ 2-D LA/Ao <i>1.09</i>		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 <i>Normal cardiac dimensions and cardiac function.</i>	
☒ 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>J. Riesen</i> Date <i>2023-5-10</i>		Veterinarian's name, clinic's name and address Kardio Vet	
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			