



# 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
Cat's registered name	Agwa de Bolivia	Monika Feusi
Registration number	TCC ZBT BG 210621 003	Address Oltingerstr.16
ID number, microchip or tattoo	<del>75609300085688</del> 756 093 900 085 688	Post code/City/State 4118 Rodersdorf
Breed of cat	MomoBengals Müller Christin <i>Bengal</i>	Country Schweiz
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) 0617311940
Born (year-month-day)	21.06.2021	Email Mofeu@bluewin.ch
Sire	Mystiriously Down of Stardot	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. <b>Signature</b> <i>[Signature]</i> <b>Date</b> 2022-6-8
Dam	White Girl of Wildset Ghost	
<b>Examination</b>		
Sedated	<input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination date (year-month-day) 2022-6-8
On medication	<input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment <i>Vivid iq</i>
Weight <i>3,3</i> kg BCS <i>3</i>	Heart rate <i>180</i> 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 checked="" type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	ECG Heart Frequency <i>182</i>	Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, LV outflow tract flow velocity (Doppler) _____ End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement
IVSd <i>3,9</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	LVIDd <i>14,1</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Assessment (based on phenotype) <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
LVPWd <i>3,9</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	IVSs <i>5,7</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	
LVIDs <i>7,5</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	LVIDs <i>7,5</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LVPWs <i>5,6</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	LVIDs <i>7,5</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
SF <i>47%</i>	SF <i>47%</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
Ao <i>9,7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Ao <i>9,7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	
LA <i>11,7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	LA <i>11,7</i> <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Comments <i>Normal cardiac dimensions and function.</i>
LA/Ao <i>1,20</i>	LA/Ao <i>1,20</i>	
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
Veterinary's signature <i>[Signature]</i> Date 2022-6-8		<i>KardioVet</i>

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

