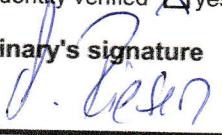




**HCM/RCM screening within health programme**  
 Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>  
 Visit <http://www.pawpeds.com/healthprogrammes/> for more information

<b>Patient Information</b>		Owner's name Monika Feusi
Cat's registered name <b>Agwa de Bolivia</b>		Address Oltingerstr.16
Registration number <b>TCC ZBT BG 210621 003</b>		Post code/City/State <b>4118 Rodersdorf</b>
ID number, microchip or tattoo <b>75609300085688- 756 093 900 085 688</b>		Country <b>Schweiz</b>
Breed of cat <b>MomoBengals Müller Christin Bengal</b>		Phone (including country code) <b>0617311940</b>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email <b>Mofeu@bluewin.ch</b>
Born (year-month-day) <b>21.06.2021</b>		I have read PawPeds' instructions for HCM screening and am aware that I must inform the examiner about my cat's 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 <b>Mystirously Down of Stardot</b>		<b>Signature</b>  <b>Date</b> <b>2022-6-8</b>
Dam <b>White Girl of Wildset Ghost</b>		Examination date (year-month-day) <b>2022-6-8</b>
<b>Examination</b>		Examination equipment <b>Vivid iq</b>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop <input type="checkbox"/> Murmur, characteristics
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		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
Weight <u>3,3</u> kg BCS <u>3</u> Heart rate <u>180</u> bpm <input type="checkbox"/> Dehydrated <input checked="" type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe		Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement
ECG Heart Frequency <u>182</u> IVSd <u>3,9</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <u>14,1</u> LVFWd <u>3,9</u> IVSs <u>5,7</u> LVIDs <u>7,5</u> LVFWs <u>5,6</u> SF <u>47%</u> Ao <u>9,7</u> LA <u>11,7</u> LA/Ao <u>1,20</u>		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
<b>Assessment (based on phenotype)</b>		Comments <i>Normal cardiac dimensions and function.</i>
<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		Veterinarian's name, clinic's name and address 
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not		
Veterinary's signature 		Date <b>2022-6-8</b>
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		