



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 Vonvielbrunn Lexa		Address Oltingerstr. 16
Registration number SBT 110121 072		Post code/City/State 4118 Rodersdorf
ID number, microchip or tattoo 276093400835394		Country Schweiz
Breed of cat Konstantin Kuhn		Phone (including country code) 41 061 731 19 40
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email mofeu@bluewin.ch
Born (year-month-day) 2021.11.01		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 2023-2-15
Sire Ruslane Hermes		
Dam Ruslane Eny		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2023-2-15
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Vivid iq
Weight <u>3,27</u> kg BCS <u>4</u> Heart rate <u>184</u> bpm <input type="checkbox"/> Dehydrated <input checked="" type="checkbox"/> Pregnant <u>3 weeks</u> <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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	
ECG Heart Frequency <u>170</u> IVSd <u>3,80</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm LVIDd <u>14,5</u> LVFWd <u>3,80</u> IVSs <u>6,5</u> LVIDs <u>7,2</u> LVFWs <u>6,3</u> SF <u>50%</u> Ao <u>8,1</u> LA <u>9,1</u> LA/Ao <u>1,12</u>	<input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D <input type="checkbox"/> M-mode <input type="checkbox"/> 2-D	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
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	Comments <u>Normal cardiac function.</u>	
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 	Date 2023-2-15	 Kardio Vet

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. Dr. Simone Jenni Dr. med. vet. Resident ECVIM