



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 KRISTIN HOBERT
Cat's registered name SE* SLATTERS GIRI	Address KALMG. 31	
Registration number LO 35 03 29	Post code/City/State 121 45 JOHANNESBÄV	
ID number, microchip or tattoo 752 098 100 885 022	Country SWEDEN	
Breed of cat BISPRISK KATT	Phone (including country code) +46 +735742902	
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered	Email KRISTIN.HOBERT@GMAIL.COM	
Born (year-month-day) 18-03-16	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>Kristin Hobert</i> Date 2022-09-16	
Sire S* MILASHKA'S VENIR GUDY		
Dam S* HONVAGSKYRIS KORPENMUNN		
Examination		Examination date (year-month-day) 2022-09-16
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No	Examination equipment Philips Epiq 7G	
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight 3.85 kg BCS 5	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	
Heart rate 136 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	ECG Heart Frequency 136 (M-mode) IVSd 0.34 <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 1.47 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 0.31 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 0.55 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 0.88 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 0.60 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 40.5% Ao 0.89 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 1.05 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.2	
		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
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 <i>Ann Lewné</i> Date 16/9-2022		Veterinarian's name, clinic's name and address Evidensia Smådjur AB Sara Granström Leg. veterinär PHD Södra Djursjukhuset Månskärsvägen 13 141 75 Kungens Kurva Tel. 08 506 288 00
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 BÖRLÄNGE, Sweden		