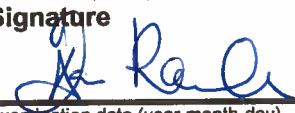





HCM/RCM screening within health programme

Participating clubs: see <http://www.pawpeds.com/healthprogrammes/hcmclubs.html>

Visit <http://www.pawpeds.com/healthprogrammes/> for more information

Patient Information		Owner's name Asa Remmert
Cat's registered name SE*Dreaming About Supermarine Spitfire		Address Nätvägen 23
Registration number (SE)SVERAK LO 319510		Post code/City/State 14835 Ösmo
ID number, microchip or tattoo 968000010378661		Country Sweden
Breed of cat Ragdoll		Phone (including country code) +46 707608161
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email hallonglantans@hotmail.com
Born (year-month-day) 2015-06-08		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 4/5-16
Sire CH Irys Papi Cat*PL		
Dam S*Hallonglántans Marsipan		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2016-05-04
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment S12-4 Philips CX50
Weight <u>3.6</u> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <u>212</u> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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	
IVSd <u>0.357</u> <input checked="" type="checkbox"/> cm <input type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input checked="" 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	
LVIDd <u>1.59</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVPWd <u>0.331</u> <input checked="" type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D	If yes, LV outflow tract flow velocity (Doppler) _____	
IVSs <u>0.663</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
LVIDs <u>0.956</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D	Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement	
LVPWs <u>0.433</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		
SF <u>40%</u>		
Ao <u>1.07</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA <u>1.05</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		
LA/Ao <u>1.0</u>		
Assessment (based on phenotype)		Comments
<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		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		Eva Adolfsson Leg. veterinär Aros VeterinärCentrum Olof Palmes Torg 10 Västerås Sweden +4621 4749070
Signature  Date 2016-05-04		

For registration of the result, the veterinarian shall send a copy of this form to: