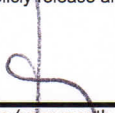
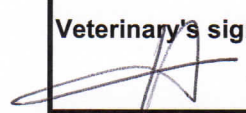




HCM/RCM screening within health programme

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

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

Patient Information		Owner's name FALLER CHANTAL
Cat's registered name DOUNA DE LA PORTE DES VOSGES		Address 49 QUAI DES ALPES
Registration number LOOF 2008 12563		Post code/City/State 67000 STRASBOURG
ID number, microchip or tattoo 2502685000741169		Country FRANCE
Breed of cat NORWEGIAN FOREST CAT		Phone (including country code) + 33620978433
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/> Altered		Email chantal2706@hotmail.fr
Born (year-month-day) 2008-04-08		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 27/08/18
Sire CESAR DE LA REVIVANCE		
Dam BOUCHKA DES ARGONAUTES		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 2018-08-27
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment Cx50 Philips S12-4 philips Phased array
Weight 4.8 kg BCS 4/9 Heart rate 180 bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	Auscultation: <input type="checkbox"/> Normal <input type="checkbox"/> Gallop <input checked="" type="checkbox"/> Murmur, characteristics Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static Timing: <input checked="" type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous Location: <input checked="" type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe	
ECG Heart Frequency _____ IVSd 3.9 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd 14.8 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 4.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 5.7 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs 7.1 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 6.9 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 52 Ao 9.2 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 8.3 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 0.90	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 Reflux mitral modéré Maladie valvulaire mitrale de stade 1 échocardiographique	
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 name and address Docteur Anne-Cécile HOFFMANN Vétérinaire Consultante en Imagerie Médicale Ordre : 23495	
Veterinary's signature  Date 2018-08-27		

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

10 rue de l'auvergne
67500 Haguenau