



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 LAGERTHA DES BORDS DU RHIN		Address 49 QUAI DES ALPES
Registration number LOOF 2015 21351		Post code/City/State 67000 STRASBOURG
ID number, microchip or tattoo 250269606502350		Country FRANCE
Breed of cat NORWEGIAN FOREST CAT		Phone (including country code) 33620978433
<input type="radio"/> Male <input checked="" type="radio"/> Not altered <input checked="" type="radio"/> Female <input type="radio"/> Altered		Email chantal2706@hotmail.fr
Born (year-month-day) 2015/07/02		I have read PawPeds' instructions for HCM screening and 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 for the records of PawPeds. I authorize PawPeds to publicly release all results from this form. Signature _____ Date <u>15/02/17</u>
Sire TITRAN'S PLATO		
Dam FLORADORA DES BORDS DU RHIN		

Examination		Examination date (year-month-day) <u>17/02/2015</u>
Sedated <input type="radio"/> Yes, with: _____	<input checked="" type="radio"/> No	Examination equipment <u>MINDREY DC 8</u>
On medication <input type="radio"/> Yes, with: _____	<input checked="" type="radio"/> No	

Weight <u>4.6</u> kg Heart rate <u>202</u> bpm <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <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 _____
IVSd <u>4.2</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>1.50</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>4.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>6.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7.9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>7.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>47%</u> Ao <u>8.8</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>10.3</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>1.2</u>	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)		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		

PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature <u>Dr. A. Kirsch</u> Date <u>15/02/17</u>	Veterinarian's name, clinic's name and address TERGESUNDHEITZENTRUM OBERE HARD  Dr. med. vet. Andreas Kirsch Fachpraxis für Innere Medizin & Kardiologie Oberer Hardweg 16, 75181 Huchenfeld Tel.: 07231 / 21096
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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

