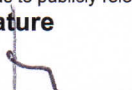
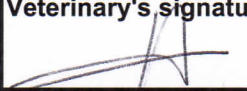




# HCM/RCM screening within health programme

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

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

<b>Patient Information</b>		Owner's name FALLER CHANTAL
Cat's registered name YELLA VOM ARLESBRUNNEN		Address 49 QUAI DES ALPES
Registration number DEKZV LO 339144		Post code/City/State 67000 STRASBOURG
ID number, microchip or tattoo 276097200849144		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) 2008-11-11		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. <b>Signature</b>  <b>Date</b> 27/08/18
Sire NOEL TIDISON VOM ARLESBRUNNEN		
Dam RANA VOM ARLESBRUNNEN		
<b>Examination</b>		
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 phased Array
Weight <u>6</u> kg BCS <u>5/9</u> Heart rate <u>176</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	
ECG Heart Frequency _____ IVSd <u>4.8</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>14.4</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>6.6</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>9.3</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.0</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>35.5</u> Ao <u>10.4</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>9.7</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u>0.94</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	
<b>Assessment (based on phenotype)</b> <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 Présence d'une bride épaisse s'insérant sur le septum inter-ventriculaire
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not <b>Veterinary's signature</b>  <b>Date</b> 2018-08-27		Veterinarian's name, clinic's name and address Docteur Anne-Cécile HOFFMANN Vétérinaire Consultante en Imagerie Médicale Ordre : 23495

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 du Japon  
67500 Haguenau