



# 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<br>Yvonne Fahrngruber   |  |
| Cat's registered name<br>Spice Sarabi   |   | Address<br>Neustift 22   |  |
| Registration number<br>BDCC BRT 110918 007  |   | Post code/City/State<br>4443 Maria Neustift  |  |
| ID number, microchip or tattoo<br>756093900057310   |   | Country<br>Austria   |  |
| Breed of cat<br>Bengal  |   | Phone (including country code)<br>+43 660 4714749  |  |
| <input type="checkbox"/> Male <input type="checkbox"/> Not altered<br><input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered   |   | Email<br>fairytale souls@gmx.at  |  |
| Born (year-month-day)<br>2019-09-11   |   | 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.<br><b>Signature</b> <span style="float: right;"><b>Date</b></span><br><i>Yvonne Fahrngruber</i> <span style="float: right;">29.12.2019</span><br>D M Y |  |
| Sire<br>Leopardcats Mambo   |   |  |  |
| Dam<br>Spice Nigella  |   |  |  |
| <b>Examination</b>  |   | Examination date (year-month-day)<br>2019-12-30  |  |
| Sedated<br><input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No   |   | Examination equipment<br>Philips Epiq7   |  |
| On medication<br><input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No   |   | S12-4 PA-Probe   |  |
| Weight <u>3,35</u> kg BCS <u>4</u><br>Heart rate <u>160</u> bpm<br><input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant<br><input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe   | Auscultation:<br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop<br><input type="checkbox"/> Murmur, characteristics<br>Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static<br>Timing: <input type="checkbox"/> Systolic <input type="checkbox"/> Diastolic <input type="checkbox"/> Both <input type="checkbox"/> Continuous<br>Location: <input type="checkbox"/> Left apex (sternum) <input type="checkbox"/> Left Base <input type="checkbox"/> Other, describe   |  |  |
| ECG Heart Frequency <u>200</u><br>IVSd <u>3,43</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LVIDD <u>15,1</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LVFWd <u>3,5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>IVSs <u>6,36</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LVIDS <u>7,89</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LVFWs <u>5,79</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>SF <u>47,7%</u><br>Ao <u>9</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LA <u>11</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D<br>LA/Ao <u>1,22</u> | Subjective left atrial size<br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Mild enlargement<br><input type="checkbox"/> Moderate enlargement<br><input type="checkbox"/> Severe enlargement<br>Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>If yes, LV outflow tract flow velocity (Doppler) _____<br>End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>Papillary muscles<br><input checked="" type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal, moderate enlargement<br><input type="checkbox"/> Abnormal, severe enlargement |  |  |
| <b>Assessment (based on phenotype)</b><br><input checked="" type="checkbox"/> Normal <input type="checkbox"/> Equivocal<br><input type="checkbox"/> HCM <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe<br><input type="checkbox"/> RCM<br><input type="checkbox"/> Other, describe   |   | Comments   |  |
| PawPeds' examination instructions has been followed<br>Cat's identity verified <input type="checkbox"/> yes <input type="checkbox"/> no, describe why not<br>Veterinarian's signature <i>[Signature]</i> Date <u>2019-12-30</u>   |   | Veterinarian's name, clinic's name and address<br><b>TIERKLINIK SATTLEDT</b><br><b>Dr. Peter Modler</b><br>Kirchdorfer Straße 7<br>4642 Sattledt<br>Tel: 07244 / 89 24   |  |
| For registration of the result, the veterinarian shall send a copy of this form to:<br>PawPeds, c/o Olsson, Ångsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden  |   |  |  |