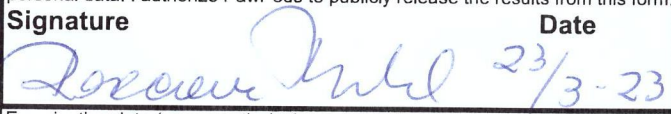
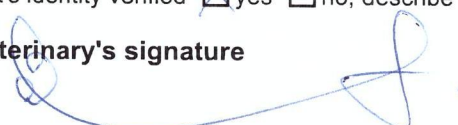




# HCM/RCM screening within health programme

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 Roseanne och Daniella Forslund
Cat's registered name (N)Nordskjæret's Runa		Address Rådhusgatan 39 A
Registration number LO 396875		Post code/City/State 852 32 Sundsvall
ID number, microchip or tattoo 578098100764497		Country Sverige
Breed of cat Sibirisk		Phone (including country code) +46 702292075
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Email roseanne.forslund@telia.com
Born (year-month-day) 2021-07-09		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. <b>Signature</b> _____ <b>Date</b> 23/3-23 
Sire (N)Snurribart's Pavlov		
Dam NO*Lindviksmoen Pootchie		
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) 20230327
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment PHILIPS CX50
Weight <u>4.2</u> kg    BCS <u>5</u> Heart rate <u>195</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>3.5</u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u>15.4</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u>7.5</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u>5.7</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u>7.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u>6.8</u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u>49.5</u> Ao <u>8.0</u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u>9.4</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	
<b>Assessment (based on phenotype)</b>		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 _____		
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> 20230327		Veterinarian's name, clinic's name and address <b>LENNART NILSSON</b> Leg. veterinär Tfn 0709-79 88 61

For registration of the result, the veterinarian shall send a copy of this form to:  
PawPeds, c/o Olsson, Ängsmyrvägen 1 Bäsna, SE-781 95 BORLÄNGE, Sweden