



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 <i>Chauhine Mennerod</i>
Cat's registered name <i>Daulatopolsky* Ikuiz</i>		Address <i>37 rue du 14 Juillet</i>
Registration number <i>LOOF 2013 27377</i>		Post code/City/State <i>36000</i>
ID number, microchip or tattoo <i>250268711048234</i>		Country <i>Chateauroux</i>
Breed of cat <i>Siberian</i>		Phone (including country code) <i>+33677912527</i>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>daulatopolsky@hotmail.com</i>
Born (year-month-day) <i>2013-09-16</i>		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 <i>2015-10-07</i>
Sire <i>PI* Balladin Kuisma</i>		
Dam <i>Quintania Peridot* C2</i>		
Examination		
Sedated <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>2015-10-07</i>
On medication <input type="checkbox"/> Yes, with: _____ <input checked="" type="checkbox"/> No		Examination equipment <i>my lab Price</i>
Weight <u><i>5,900</i></u> kg Heart rate <u><i>160</i></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><i>4,7</i></u> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <u><i>14,9</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <u><i>4,9</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <u><i>8</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <u><i>7,3</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <u><i>2,15</i></u> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF <u><i>51</i></u> Ao <u><i>9</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <u><i>19,6</i></u> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <u><i>1,17</i></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 <i>False tendon.</i>
<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		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not _____ Signature _____ Date <i>2015-10-07</i>		Dr Eric BOMASSI Centre Hospitalier Vétérinaire 29, avenue Joffre 77100 MEAUX




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 BÖRLÄNGE, Sweden



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Patient Information		Owner's name <i>Chauline Memekat</i>
Cat's registered name <i>FIX Balladin Kuisma</i>		Address <i>37 rue du 14 Juillet</i>
Registration number <i>(FI) SRK LO 87445</i>		Post code/City/State <i>36000</i>
ID number, microchip or tattoo <i>985141000552275</i>		Country <i>Chateaux</i>
Breed of cat <i>Siberian</i>		Phone (including country code) <i>+33677912527</i>
<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input type="checkbox"/> Female <input type="checkbox"/> Altered		Email <i>dawlatopolsky@hotmail.com</i>
Born (year-month-day) <i>2011-08-07</i>		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 <i>2015-10-07</i>
Sire <i>Thyrian Siberis*RU</i>		
Dam <i>FIN* Anurin Esteri</i>		
Examination		Examination date (year-month-day) <i>2015-10-07</i>
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>My lab twice</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		
Weight <i>6.450</i> kg	Auscultation: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Gallop	
Heart rate <i>160</i> bpm	<input type="checkbox"/> Murmur, characteristics	
<input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant	Grade: I II III IV V VI <input type="checkbox"/> Dynamic <input type="checkbox"/> Static	
<input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe	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 <i>4.9</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		Subjective left atrial size <input checked="" type="checkbox"/> Normal
LVIDd <i>14.4</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		<input type="checkbox"/> Mild enlargement
LVPWd <i>6.4</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		<input type="checkbox"/> Moderate enlargement
IVSs <i>6.7</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		<input type="checkbox"/> Severe enlargement
LVIDs <i>8.9</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		Systolic anterior motion of the mitral valve <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
LVPWs <i>6.4</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D		If yes, LV outflow tract flow velocity (Doppler) _____
SF <i>38</i>		End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Ao <i>10.15</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		Papillary muscles <input checked="" type="checkbox"/> Normal
LA <i>10.7</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D		<input type="checkbox"/> Abnormal, moderate enlargement
LA/Ao <i>1.02</i>		<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		Veterinarian's name, clinic's name and address
PawPeds' examination instructions has been followed Cat's identity verified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no, describe why not Signature  Date <i>2015-10-07</i>		Dr Eric BOMASSI Centre Hospitalier Vétérinaire 29, avenue Joffre 77100 MEAUX

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