





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

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|---|--|---|
| Patient Information | | Owner's name HENNETRAT Chauline |
| Cat's registered name Quittania Peridot *CZ | | Address 37 rue du 14 Juillet |
| Registration number CSCH LO 224/12/SIB | | Post code/City/State 36000 Chateaux |
| ID number, microchip or tattoo 900 00 8800 296 520 | | Country France |
| Breed of cat Siberian | | Phone (including country code) +33 6 77 91 25 27 |
| <input type="checkbox"/> Male <input checked="" type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered | | Email dawlatopolsky@hotmail.com |
| Born (year-month-day) 2012/10/11 | | 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. Signature  Date 2017/11/03 |
| Sire Kiril Z Vevori | | |
| Dam Allegria Regio Boreas | | |
| Examination | | Examination date (year-month-day) 2017-11-03 |
| Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | Examination equipment Philips AFFINITY |
| On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No | | |
| Weight 4.2 kg BCS 5 | 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 | |
| Heart rate 210 bpm | <input type="checkbox"/> Dehydrated <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <input type="checkbox"/> Other, describe | |
| ECG Heart Frequency 100 | Subjective left atrial size <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Mild enlargement <input type="checkbox"/> Moderate enlargement <input type="checkbox"/> Severe enlargement | |
| IVSd 4.6 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <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 | |
| LVIDd 14.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | If yes, LV outflow tract flow velocity (Doppler) _____ | |
| LVPWd 4.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | End-systolic cavity obliteration <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | |
| IVSs 6.9 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | Papillary muscles <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Abnormal, moderate enlargement <input type="checkbox"/> Abnormal, severe enlargement | |
| LVIDs 6.9 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | |
| LVPWs 6.26 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D | | |
| SF 51.4 | | |
| Ao 9.5 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D | | |
| LA 11.9 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D | | |
| LA/Ao 1.21 | | |
| Assessment (based on phenotype) | | Comments False tendon. |
| <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 | | Veterinarian's name, clinic's name and address Dr Eric BONAÉ Centre Hospitalier Vétéri 29, avenue Joffre 77100 MEAUX |
| Veterinary's signature  Date 2017-11-03 | | |
| 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 | | |