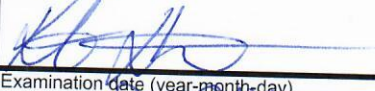
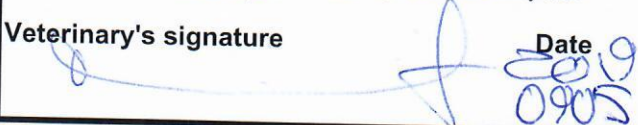




HCM/RCM screening within health programme

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

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

Patient Information		Owner's name
Cat's registered name S*Peking Cat Kraka		Katja Löfling
Registration number LO 336 488		Address Porfyrvägen 13
ID number, microchip or tattoo 752098100829424		Post code/City/State 907 42 Umeå
Breed of cat drx		Country Sweden
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered		Phone (including country code) +46 (0)733427226
Born (year-month-day) 2016 12 21		Email katja@lovlingnest.se
Sire S*Kintza's Curry		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. Signature  Date 5/9-19
Dam S*Peking Cat Njord		
Examination		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) 20190905
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment PHLUP CX50
Weight 3.6 kg BCS 8 Heart rate 185 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 3.2 <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVId 12.5 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd 3.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs 4.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIdS 11.0 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs 5.2 <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF 222 Ao 9.1 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA 10.2 <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao 1.1	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) <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	
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 LENNART NILSFORS Leg. veterinär Tfn 0709-79 88 61	
Veterinary's signature  Date 2019 0905		

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