



# 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 <i>Jose Telling</i>
Cat's registered name <i>Mystic Shiva's Isis</i>	Address <i>h</i>	
Registration number <i>(NL) FE LO 20.MCO.023.2</i>	Postcode <i>c</i>	
ID number, microchip or tattoo <i>528210004807460</i>	Country <i>Holland</i>	
Breed of cat <i>Maine Coon</i>	Phone (including country code) <i>+31 61637 5553</i>	
<input type="checkbox"/> Male <input type="checkbox"/> Not altered <input checked="" type="checkbox"/> Female <input type="checkbox"/> Altered	Email <i>Telling Jose@gmail.com</i>	
Born (year-month-day) <i>2020-5-20</i>	I have read PawPeds' instructions for HCM screening. I am aware that I must inform the examiner about my cat's 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.	
Sire <i>HEVENON EARTH MANOLITO</i>	Signature <i>[Signature]</i>	
Dam <i>Ayle of Pushed GTS</i>	Date <i>22-02-2022</i>	
<b>Examination</b>		
Sedated <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination date (year-month-day) <i>2022/02/22</i>
On medication <input type="checkbox"/> Yes, with: <input checked="" type="checkbox"/> No		Examination equipment <i>ESTOTE MYLUB 8GHT EXP</i>
Weight <i>4.0</i> kg BCS <i>5/9</i> Heart rate <i>180</i> 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 <i>35</i> <input type="checkbox"/> cm <input checked="" type="checkbox"/> mm <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDd <i>45</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWd <i>30</i> <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D IVSs <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVIDs <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D LVFWs <input checked="" type="checkbox"/> M-mode <input type="checkbox"/> 2-D SF _____ Ao <i>12</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA <i>12</i> <input type="checkbox"/> M-mode <input checked="" type="checkbox"/> 2-D LA/Ao <i>1.0</i>	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> <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 <i>AniCura Dierenkliniek Eersel Hint 16b 5521 AH Eersel Nederland +31(0)497-518000 eersel@anicura.nl</i>
Veterinary's signature <i>[Signature]</i>		Date <i>22/02/22</i>
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		